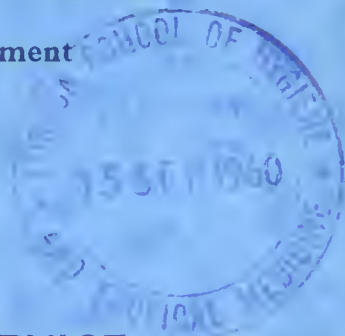




CORPORATION OF GLASGOW

Health and Welfare Department



SCHOOL HEALTH SERVICE

REPORT

ON THE

Medical Inspection and Treatment of School Children

FOR THE YEAR ENDED 31st JULY, 1959

Ordered by the Committee on Health and Welfare to be printed



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GENERAL INTRODUCTION

This Report is the fiftieth since the establishment of medical inspection in Glasgow in the year 1909, the twenty-ninth since the transfer to the Health Department of the Corporation in 1930 and the twenty-first since the form of report was re-cast following the introduction throughout the country of a uniform method of recording at the request of the Department of Health for Scotland.

As this is the Golden Jubilee year of the School Health Service, it would be appropriate to draw some comparisons between past and present. In Appendix XV extracts from the First Annual Report of the Chief Medical Officer to the School Board of Glasgow are given and some of the results of that first routine medical inspection are compared with those of the year 1958/59. The improvement in the physical condition of the Glasgow school child is clearly brought out by the increased height and weight averages and the fall in the incidence of the more severe ailments.

Great changes have occurred in the intervening years as regards provision for the health and welfare of school children. The extension of systematic medical inspection—itsself the corner-stone of school health service work—to specified age-groups, along with the many other inspection schemes evolved, have made it possible to supervise the health of each child from the day he enters school until the day he leaves. School meals, free milk and residential schooling have also played their part in creating the improvements noted.

Preventive measures—in addition to those forming part of medical inspection—have been increased with successful results, e.g., protection against diphtheria, tuberculosis and poliomyelitis mainly through the media of short-term “drives” in schools. This protection has also been augmented by the introduction of medical supervision of teachers, school meals’ staff and other adult employees who come into contact with the children in the course of their duties. Early ascertainment of defects has been improved of late, e.g., the audiometric survey scheme.

Perhaps the treatment side of the School Health Service, however, has not been given the credit to which it is entitled. It may not be fully realised that not only is the Service concerned with discovering the state of health of each school child but with remedying any disease or defect which prevents him from leading a normal life and from obtaining the full benefit from the education which is provided according to his needs and aptitudes. A school clinic is available in

every district of the city, where children may be referred for a thorough examination by a school medical officer or a specialist and treatment given either at the clinic or arrangements made for the case to be dealt with elsewhere, e.g., in hospital, and a report received for following-up purposes. Throughout the following pages, details of the comprehensive treatment facilities provided may be studied—the employment of medical auxiliaries (speech therapists, physiotherapists, occupational therapists and audiometricians) in the post-war years is notable.

Probably the last twenty years have seen the most substantial progress in the care of the young. This was the era in which the various Children's and Education Acts were introduced and, of course, the National Health Service.

The Education (Scotland) Act, 1946, was the enactment which had more immediate effect on school health service work as it gave *inter alia* compulsory and additional powers for the inspection and treatment of school children.

The National Health Service (Scotland) Act, 1947, left the School Health Service comparatively untouched, with medical (including dental) inspection and supervision of pupils remaining the duty of the local authority under the 1946 Act, as also the ascertainment of handicapped children. As for treatment, the Department emphasized the fact that the education authority was still under the obligation of making arrangements for securing free treatment either on its own or by arrangement with the National Health Service. Maintenance of the school clinic and, in fact, extension of the system was urged and this applied also to dental treatment.

With regard to the work in 1959, of which details are given throughout this Report, a larger proportion of time was spent by School Medical Officers on duties other than those connected with systematic inspection and treatment. In particular, more periods were devoted to examinations in connection with residential schooling, holiday camps and educational excursions, to general inspection of school premises, to examination of school meals' staff and B.C.G. vaccination; fewer periods were allotted to polio vaccination. The number of new schools opened during the period was almost equalled by the number of old schools which were closed, most of the closures being due to amalgamation.

Fewer children in the systematic age-groups were examined but the total of " other examinations " showed some increase. The results of routine medical inspection were most satisfactory, the percentage (51·5) with no discoverable defect being the highest ever recorded in these Reports. The general physique as represented by the average heights and weights over many years continued to improve and the actual advance since 1910 (1911 for thirteen year-olds) is shown in the following table in respect of the three stated age-groups.

Age Group	Increase at 1959 compared with 1910 (or 1911)			
	Boys		Girls	
5 year-olds ...	2·4 ins.	3·3 lbs.	2·4 ins.	2·5 lbs.
9 year-olds ...	6·5 ins.	15·3 lbs.	6·5 ins.	14·8 lbs.
13 year-olds. ...	6·0 ins.	26·2 lbs.	7·7 ins.	31·5 lbs.

The cleanliness of school children seen at routine medical inspection by School Medical Officers was much improved, and cleanliness inspectresses and nurse inspectresses of the Sanitary Department reported some improvement also. The scheme of cleanliness supervision in selected schools was moderately successful.

Treatment was somewhat increased during the year, greater numbers being seen at the clinics, the few exceptions being due to staff shortages (mainly of specialists) and, in this connection, representation was made to the Hospital Board Organisation on several occasions with little success. At the time of writing, however, there was a possibility of additional assistance being forthcoming soon in connection with the examination and treatment of ear, nose and throat cases and, possibly, as regards defective vision cases also.

Details of cases treated at special schools by nurses in attendance there are shown for the first time in these Reports.

Dental inspections were more numerous and were reflected in the increased numbers treated at clinic; the improved proportion of fillings to extractions was a gratifying feature, particularly in schools where the routine dental inspection scheme functioned. Other pleasing features were the improved percentages of children accepting treatment and the reduction of those found to require treatment.

The re-organisation of the audiometric survey scheme resulted in more otological examinations being given within the period. Full details of the new scheme are given in Appendix XII.

The numbers of handicapped children requiring special educational treatment continued to decline.

More deaths among school children were reported. Fatalities due to road traffic accidents were increased, but for the sixth successive year no deaths from diphtheria were recorded ; influenza claimed no victims but there were four deaths from pneumonia.

The Report is more voluminous than usual as a result of fuller information being supplied, as requested by the Department at five-yearly intervals, in respect of the various activities with which the School Health Service is now associated. The opportunity has also been taken of including additional details relating to progress since the inception of the School Health Service.

In submitting this Report I should like to express thanks to all who have contributed to the activities of the School Health Service ; in particular, to the medical, dental and clerical staffs of the Service itself, to colleagues in other branches of the Health and Welfare Department, to the Director of Education and his staff and, finally to Mr. James A. Stewart, Assistant Administrative Officer, on whom has fallen mainly the actual preparation of this report.

JAMES EWAN, M.D., D.P.H., D.P.A.,
Principal Medical Officer.

155 BATH STREET,
GLASGOW, C.2.

5th April, 1960.

1.—LIST OF STAFF

(a) WHOLE TIME STAFF.

Principal Medical Officer

JAMES T. G. EWAN, M.D., D.P.H., D.P.A.

Assistant Principal Medical Officers

WILLIAM MALLINSON, M.B., Ch.B. (Child Guidance Work).

CATRIONA SINCLAIR, M.B., Ch.B. (General).

School Medical Officers

DORIS M. BEATON, M.B., Ch.B., D.P.H., D.C.H.

ANDREW D. CHISHOLM, L.R.C.P., L.R.C.S., L.R.F.P. & S. (G.).

FLORA C. COWAN, M.B., Ch.B., D.P.H., D.C.H.

ISABEL DAVIDSON, M.B., Ch.B.

MARY M. DUNN, B.Sc., M.B., Ch.B.

THOMAS W. F. GEMMELL, L.R.C.P., L.R.C.S., L.R.F.P. & S. (G.).

BENJAMIN S. GUYER, M.B., Ch.B.

ADA M. HENDERSON, M.B., Ch.B.

JOHN D. LEONARD, M.B., Ch.B.

HUGH M. MACFARLANE, M.B., Ch.B., D.P.H.

MARGARET MCKAY, M.A., M.B., Ch.B.

MAUD P. MENZIES, M.B., Ch.B.

GEORGE A. MILLS, M.B., Ch.B., D.P.H.

ALEX. A. MURRAY, M.B., Ch.B., D.P.A.

JESSIE W. OGILVIE, B.Sc., M.D., D.P.H.

FRANCIS J. O'HAGAN, L.R.C.P., L.R.C.S., L.M.

ELIZ. M. PARK, L.R.C.P. & S. (Ed.), L.R.F.P. & S. (G.).

JAMES M. PARKER, M.B., Ch.B.

STELLA M. B. PERRY, M.B., Ch.B., D.P.H.

HOPE B. SCOTT, M.B., Ch.B., D.P.H.

Chief Dental Officer

JAMES A. GALE, L.D.S., D.P.A.

School Dental Officers

JOYCE H. AITKEN, L.D.S.
DOUGLAS BEACHER, B.D.S.
LAURIE S. CAMPBELL, B.D.S.
WILLIAM A. W. HOWE, L.D.S.
ALEX. M. LYALL, L.D.S.
JANET A. McCANN, L.D.S.
ALASTAIR McCULLY, L.D.S.
DOROTHY M. McDIARMID, L.D.S.
MARY R. MACDONALD, L.D.S.
MARGT. L. MACDOUGALL, L.D.S.
DAVID MACLAREN, L.D.S.
JENNY MACPHERSON, B.D.S.
ROBERT E. PINKERTON, L.D.S.
JEAN T. SMITH, L.D.S.
WILLIAM THOM, L.D.S.
ELIZABETH WATSON, L.D.S.
MOIRA WATSON, L.D.S. (From 26.5.59).
ELIZ. M. WEBSTER, L.D.S., D.D.O.

Superintendent School Nurse

JEAN S. FERGUSON.

Assistant Administrative Officer

JAMES A. STEWART.

**Other Whole-time Staff*

74 School Nurses (including 7 employed as Cleanliness Inspectresses) ;
9 Speech Therapists ; 1 Occupational Therapist ; 11 Physio-
therapists (including 6 Physical Training Teachers seconded to
Orthopaedic Clinics) ; 3 Audiometricians ; 5 Dental Technicians ;
1 Dispensing Optician (seconded by Western Regional Hospital
Board) ; 36 Clerks ; 19 Dental Attendants.

* *During the Session : 14 nurses resigned and 9 were appointed ; 4 speech
therapists resigned and 3 were appointed ; 2 physiotherapists resigned
and 2 were appointed ; 4 clerks resigned and 7 were appointed ; 2 dental
attendants resigned and 3 were appointed.*

(b) PART-TIME STAFF.

School Medical Officers

MYRA F. E. BUCHANAN, M.B., Ch.B., D.P.H.
HAROLD BURTON, M.B., Ch.B., D.P.H.
ASHIE MAIN, M.A., M.D., D.P.H.

Dental Officers

ANNIE L. C. ALLISON, L.D.S. (Employed on ante-natal work only).

HILDA C. BLAIR, L.D.S. (Resigned 13.3.59).

MARGARET HART, L.D.S., R.C.S.(Ed.).

†Specialist Officers

Oculists.

JANET F. STEEL, M.B., Ch.B.

BALJIT BHATIA, M.B., B.S., D.O.M.S., M.S. (Oph.).

NATHANIEL FELL, M.B., Ch.B.

RUBY E. FORREST, M.B., Ch.B., D.P.H.

DAVID J. THORNTON, M.R.C.S., L.R.C.P., D.O., F.B.O.A.

Aurists.

ROBERT W. BAILIE, M.B., Ch.B., B.A.O., F.R.C.S.(Ed.), D.L.O.

DAVID GLYN JONES, B.Sc., M.B., B.Ch., D.L.O.

FRANK T. LAND, M.B., Ch.B., D.L.O., F.R.F.P.S.

IAN C. SIMPSON, M.B., Ch.B., F.R.C.S.(Ed.).

Orthopaedic Surgeon.

KENNETH E. GUEST, M.B., B.S., F.R.C.S.(Ed.).

Cardiologist.

ALFRED S. ROGEN, M.D., F.R.F.P.S. (G.).

Dermatologist.

ROBERT W. CARSLAW, M.D., F.R.F.P.S.(G.).

Anaesthetist.

ANDREW TINDAL, M.B., Ch.B., D.A., F.F.A., R.C.S.(Eng.).

† *All Specialist Officers are seconded to School Health Service work by arrangement with the Western Regional Hospital Board.*

Local doctors and dentists undertook emergency duties at the residential schools and at Mossbank Approved School in accordance with separate arrangements made with the local Executive Councils.

Of the total of 10,945 periods (half-days) worked by School Medical Officers, 8,636 were given to medical inspection and treatment and 2,309 periods were devoted to other work as follows :—residential school examinations, 446 ; junior club and school camp examinations, 283 ; examinations for holidays abroad and educational excursions, 131 ; diphtheria immunisation, 769 ; general inspection in schools, 246 ; examinations of school meals service staff, 88 ; B.C.G. vaccination, 133 ; poliomyelitis vaccination, 188 and 25 periods to examinations of pre-vocational students.

Of the total of 8,602 working periods, School Dental Officers devoted 8,396 to the normal work of dental inspection and treatment and 206 periods to duties (including holiday relief) in the Ante-natal section.

Included in the working periods shown above is the time spent on administrative duties by the Principal Medical Officer and the Assistant Principal Medical Officer (General) and the Chief Dental Officer, as well as half-days devoted to the meetings of both medical and dental staffs.

2.—GENERAL STATISTICS

Area of City in acres	...	...	...	...	39,725
Population of the area (estimated)	...	...	...	...	1,078,400
Density of Population per acre	...	...	...	...	27
Number of Schools—					
(a) Primary	...	...	...	...	199
(b) Secondary	...	...	...	...	77
(c) Schools for Handicapped Children	...	...	...	...	22
(d) Approved Schools	...	...	...	...	1
(e) Residential Schools	...	...	...	...	13
(f) Nursery Schools	...	...	...	...	40
(g) Hospital Schools	...	...	...	...	7
(h) Agricultural Schools	...	...	...	...	1
(i) Gardening Schools	...	...	...	...	1
<hr/>					
Total Schools Under					
Education Authority	...	...	...	...	361
(j) Schools in receipt of grant and					
under medical inspection	...	...	...	...	4
<hr/>					365

There were also 11 Occupational Centres housed in ordinary schools.

During the year, 20 primary schools were closed, 15 of these being due to amalgamation.

The average number of children on the register of all schools was 179,249 and the average number in attendance during the year was 159,641 (89·1 per cent.).

3.—SANITARY CONDITION OF SCHOOLS

Section 20 (4) of the Education (Scotland) Act, 1946, (as amended by the 1949 Act) states :—“ *With a view to securing that the premises, furnishing and equipment of schools, . . . under the management of an education authority are maintained in such condition as to contribute to the good health of the pupils, it shall be the duty of an education authority to cause their medical officers as part of their ordinary work from time to time to inspect and to report to them upon the said premises and equipment, and in making the said inspections, the medical officers shall have special regard to the lighting, heating and ventilation, and to the sanitary arrangements.*”

In accordance with the above instruction, School Medical Officers visit the various schools (including residential and nursery schools) in the course of the year and any defects found are reported to the appropriate Department for the necessary action to be taken. On the occasion of each visit to a school the Officer also takes the opportunity of interviewing the Head Teacher and class teachers for the purpose of discussing with them the health and well-being of their pupils and giving advice in particular cases.

During the 1958-59 Session, 246 visits were paid to 205 schools and the following is a summary of the conditions found. “ Nothing to report ” was returned in 11 instances and the principal defects discovered in the remainder were : inadequacy of washing facilities (75) ; disrepair of playground surfaces and lack of sufficient shelters (47) ; absence or inadequacy of medical inspection room (54) ; insufficiency of cloakroom accommodation (34) ; defects of lighting and heating (60) ; insufficiency of staff room accommodation (30) ; defects of W.C.'s and lavatories (84) ; defective ventilation (16) ; disrepair or inadequacy of drinking fountains (18). Other complaints included various structural defects (47) ; disrepair of flooring (18) and miscellaneous defects (30).

4.—ORGANISATION AND ADMINISTRATION

A. SYSTEM AND EXTENT OF MEDICAL INSPECTION AND TREATMENT.

The operation of the scheme is controlled from the central office. A school clinic serves a group of schools in each district of the city. To each clinic and its attendant group of schools, one or two (depending on the size of the area) school medical officers are allocated for the purpose of medical inspection, treatment and supervision of the pupils who attend the schools in the specific area. Part-time consultants

seconded by the Hospital Board organisation work at central clinics. Pupils in residential and approved schools are given emergency treatment by local medical officers and dentists by arrangement with the various Executive Councils.

Details of the arrangements for medical inspection and supervision of children in nursery schools will be found in Appendix VII, page 95.

INSPECTION.

The scheme of inspection is conducted broadly on the lines suggested by the Department of Health for Scotland in a circular letter issued at the beginning of August each year. The circular specifies the years of birth of the pupils to be medically inspected systematically during the ensuing school session (five age-groups). It also advises that provision should be made for the re-examination of pupils found defective at previous inspections, for the special examination of pupils suspected by teachers, parents, nurses or others to be suffering from defects, and for the general supervision of the health and cleanliness of pupils through visitation of schools by school medical officers and school nurses at frequent intervals. The systematic medical inspection of children attending nursery schools is also required and information on various other matters is requested from time to time.

Parents are given three days' notice on each occasion of the routine medical inspection of their children and are invited to attend thereat. School medical officers visit the schools for the purpose of conducting systematic examinations according to a fixed time-table based primarily on the estimated numbers due for examination as supplied previously by Head Teachers. A medical record card for each child is kept in the school and a " Hollerith " card is made out for statistical purposes.

The scheme of inspection in Session 1958-59 was as follows :—

ORDINARY SCHOOLS.

(1) " *Routine* " *Medical Inspection*.

- (a) Children in the Infant Department who had not previously been subjected to detailed routine inspection — (" *Entrants-Infants* ").
- (b) Children born in 1945.
- (c) Children born in 1949.
- (d) Children born in 1942.
- (e) Children born in 1951—(Vision and hearing only).

Groups (a), (b), (c) and (d) were usually presented in the order stated above with a view to completing the inspection of each routine age-group throughout the City before proceeding to the next group. Inspection of the children in group (e) was undertaken by Nurses who made their own arrangements with Head Teachers. It was also emphasized that the completion of inspection of each of the routine age-groups throughout the City took precedence over other routine inspection work and the routine examination of children outwith the above-named groups was not to be undertaken without previous permission.

(2) “ *Non-Routine* ” *Inspection.*

(a) Pupils outwith the groups already named who were specially presented at any inspection on account of disease or defect observed by Teacher.

(b) Pupils approaching “ Fixed Dates ” for leaving school who were presented for “ Leaving Interview.”

(3) *Inspection of “ Abnormals.”*

Pupils found at previous inspection to be suffering from disease or defect, who were presented for re-examination at intervals determined by the School Medical Officer.

SCHOOLS FOR THE HANDICAPPED.

Routine medical inspection was also provided in schools and classes for *physically* and *mentally handicapped* children. The groups examined were : “ Entrants ” (which included children of any age who had not previously been examined), “ Intermediates ” (pupils approximately 9 years of age), and “ Leavers ” (pupils approaching 15 or 16 years of age). In addition, *physically handicapped* pupils were specially examined twice annually with a view to fitness for ordinary school, on approaching 12 years of age as to secondary education and at intervals before leaving with regard to fitness to enter employment. *Mentally handicapped* pupils were examined biennially by the visiting Psychiatrist for purposes of re-assessment, on approaching school leaving age and at intervals as required.

OTHER INSPECTIONS.

Arrangements were also made throughout the Session for Routine Dental Inspection by dental officers of pupils in selected schools, for

Cleanliness Inspection by nurses, for Diphtheria Immunisation (including the annual campaign in schools), for Poliomyelitis Vaccination in schools and school clinics and for B.C.G. Vaccination including Mantoux testing and X-raying. Mass Radiography of pupils was also arranged when the Unit was available, and the General Inspection of schools by medical officers. Medical Inspection of pupils for Residential Schools, Educational Excursions, Holiday Camps and other schemes was also undertaken, details of which are given elsewhere in this Report.

TREATMENT.

Children found or suspected to have a defect are reported by school medical officers, nurses, teachers, attendance officers, parents and others and, unless in emergency, such cases are summoned by letter, sent from the central office, to the local school clinic. Signed application by the parent is, however, necessary but treatment is provided free of charge. A list of the school clinics and the services given are shown in the following table.

CLINIC	Skin, Eye, Ear and other minor diseases	Refraction	Dental	X-Ray (Skin Treatment)	Ultra-violet Ray	Orthopaedic	Scabies Baths
17 Halbeath Avenue, W.5	1	1	—	—	—	—	—
18 Plean Street, W.4	1	—	1	—	—	—	—
4 Sandy Road, W.1	1	1	1	—	—	—	—
130 William Street, C.3	1	1	1	1	—	—	—
91 Denmark Street, N.2	1	1	2	—	—	—	—
Hyde Park School, N.1	1	1	1	—	—	—	—
15 Glenbarr Street, N.1	1	1	4	—	1	1	1
60 Avenuepark Street, N.W.	1	1	1	—	—	1	—
Burnbank School, N.W.	1	—	—	—	—	—	—
Dobbie's Loan School, C.4	1	—	—	—	—	—	—
5 Craiglockhart Street, E.3	1	—	—	—	—	—	—
74 Wellhouse Crescent, E.3	1	—	—	—	—	—	—
155 Crail Street, E.1	1	1	2	—	—	—	—
23 Acorn Street, S.E.	1	1	—	—	—	—	—
10 Redan Street, S.E.	—	—	1	—	—	—	—
22 Arnprior Quadrant, S.5	1	1	—	—	—	—	—
20 Harriet Street, S.3	1	1	1	—	—	1	—
Calder Street School, S.2	—	—	1	—	—	—	—
26 Florence Street, C.5	1	1	2	—	1	1	1
Netherplace Road, S.W.3	1	1	1	—	—	—	—
74 Berryknowes Road, S.W.2	1	—	—	—	—	—	—
Fairfield School, S.W.1	—	—	1	—	—	—	—
Broomloan Road School, S.W.1	1	—	—	—	—	—	—
29 Govan Road, S.W.1	1	1	1	—	—	—	—

William Street Ultra-violet Ray Clinic was discontinued from beginning of session.

Plean Street Refraction Clinic was discontinued after 26.3.59.

Govan Road Dental Clinic functioned full-time from 26.5.59.

In addition to the above, children with speech defects are treated by qualified speech therapists at schools or in clinics, and maladjusted children are treated in child guidance clinics or in a residential school. The Corporation has also a number of residential and boarding schools where children are sent for varying periods.

Special hospital treatment is also provided free of charge in co-operation with the Hospital Board organisation and consultants for cardiac, ear (including defective hearing), orthopaedic, ophthalmic, skin and E.N.T. conditions and an anaesthetist for dental cases are seconded to the School Health Service, attending the school clinics regularly. Beds in two hospitals are set aside for tonsil and adenoid cases and two hospitals admit school children requiring other ear, nose and throat operations. Hospital accommodation is also available for school children with cardiac, hearing or orthopaedic defects and X-ray facilities for E.N.T. cases are provided in two other hospitals. By special arrangement with the hearing-aid clinic attached to yet another hospital, children with hearing defects are tested, provided with hearing-aids if necessary and are followed up regarding progress in the use of the instruments.

B. SYSTEM AND EXTENT OF DENTAL INSPECTION AND TREATMENT.

Dental Officers are attached to clinics, each of which serve a group of schools in the district. A number of selected schools are visited for the purpose of Routine Dental Inspection and children in these schools found to have dental defect are offered treatment at a school clinic. Where a clinic is operating full-time, two whole days per week are usually set aside for children attending schools which are not on the list for routine dental inspection and the remaining days are available for the "R.D.I." cases. Emergency "toothache" cases are treated at local dental clinics between 4 and 5 p.m. daily.

Orthodontic treatment is available for school children and at present one Dental Officer is employed full-time and another Officer gives a part of his time to this work.

The dental X-ray unit which was installed during the 1949 Session is available for making immediate radiographic diagnosis on request by Dental Officers.

In January, 1951, a general anaesthetic clinic was established ; each Saturday morning cases previously selected by Dental Officers are treated at one central clinic. During the same year, facilities for surgery and provision for gold fillings were instituted.

Artificial dentures where considered necessary are supplied to school children, a staff of dental technicians being employed for this purpose.

The Chief Dental Officer's report on the year's work and his comments on progress during the past fifty years appear on page 47 and the detailed statistics in Table V, pages 89-91.

C. SCHOOL NURSING AND ARRANGEMENTS FOR FOLLOWING UP.

A health visitor accompanies each school medical officer at routine inspection in schools and assists in the examination of pupils as required, drawing attention to any defects observed, preparing and despatching notes and returns and visiting important cases, if necessary, regarding home conditions or in connection with parental consent to urgent treatment. Each of the nursery schools is visited once per week when a health visitor discusses with the head teachers any matters affecting the health of the children.

In ten schools for the physically and mentally handicapped a nurse is in attendance full-time mainly for the treatment and care of the physically handicapped children, thus obviating the need for these children to attend school clinics. A nurse attends half-time at the school for spastics and four additional special schools are visited by nurses twice weekly for the same purpose.

A staff of nurses is employed partly on the cleanliness inspection of children in a number of schools and partly on the testing of visual acuity and hearing of children aged approximately 7 years.

Each school clinic has a health visitor in charge and additional nurses (the number depending on the volume of work) who assist with

the treatment under the direction of the school medical officers and consultants. The health visitors visit the homes of children in attendance at these clinics to advise parents or to ascertain home conditions where the response to treatment is unsatisfactory.

Domiciliary visits are also paid by health visitors for other purposes, including the following-up of defaulters (spectacles, residential school and tonsil and adenoid examinations, etc.), home accidents, home tuition cases, requests by specialists and in connection with various national surveys in which the Service is invited to take part.

Following-up is otherwise undertaken by means of postal communication, the co-operative efforts of teachers and the visitation of homes by attendance officers and, in difficult cases, by special officers of the School Welfare Section.

During the 1958-59 Session the nursing staff, including the Superintendent, devoted 29,516 periods (half-days) to the work of medical inspection and treatment of children (including home visitation); 414 periods to examinations in connection with holidays abroad, educational excursions, junior club and school camps; 446 to the examination of children proposed for admission to residential schools; 769 to diphtheria immunisation; 88 to examinations of school meals staff; 376 to poliomyelitis vaccination; 25 to examinations of pre-vocational students and 3,637 periods to visiting, etc.—total periods 35,271. Visits totalled 16,315, of which 13,444 were home visits; nurse inspectresses from the Sanitary Divisions also visited homes in connection with uncleanness discovered in the schools.

A dental attendant is attached to each school clinic to work under the supervision of the dental officer and to accompany the latter to schools on the occasion of the routine dental inspection. During the year, dental attendants devoted 8,807 periods (half-day) to the work of routine inspection and clinic treatment and 725 to treatment of ante-natal cases.

D. CO-ORDINATION WITH THE PUBLIC HEALTH SERVICE AND WITH OTHER DEPARTMENTS OF THE AUTHORITY WHICH RENDER SERVICES TO CHILDREN.

HEALTH AND WELFARE DEPARTMENT.

Information regarding cases of *infectious disease* and contacts is intimated to the School Health Service by the Divisional Organisations.

Particulars of children excluded from school on account of infectious diseases and those "cleared" are forwarded by the Service to the appropriate section of the Education Department.

Several *clinics* are used jointly by the Maternity and Child Welfare section and by the School Health Service; co-ordination is thus facilitated by having two branches of the Corporation Health Service in the same building. Pre-school children, including those attending day nurseries, are frequently referred by the Child Welfare Medical Officers to the various school clinics for advice and treatment.

The *Nurse Inspectresses* attached to the various Sanitary Divisions visit a selected number of schools for the purpose of inspecting children regarding cleanliness; the homes of persistent offenders are also visited.

There are a number of standing *Diphtheria Immunisation ad hoc clinics* available to children of school age and under; assistance is given in these clinics by members of the School Health Service staff. In the spring of each year a "drive" in the schools is organised; all children attending primary classes in schools are offered immunisation including "boosting" doses where these are considered necessary. (See Appendix X, page 102 for details of the annual campaign for 1959.)

Close co-ordination is maintained with the *Mental Services Department* in the ascertainment and certification of mental defectives. For this purpose members of the School Health Service medical staff attend at 20 Cochrane Street every second Saturday morning throughout the year. They examine and, if necessary, certify under the Mental Deficiency Acts, the following groups:

- (1) Children under the age of 5 years whose parents desire institutional treatment to be provided.
- (2) Children from the age of 5 to 16 years reported under Section 56 of the Education (Scotland) Act, 1946, as being incapable of receiving instruction in a special school.
- (3) School leavers at the age of 16 years who are reported under Section 57 of the Act as requiring special care and protection after leaving school.
- (4) Adults who require, by reason of mental deficiency, some form of supervision either under guardianship or in an institution.

Since the establishment of the senior occupational centres—South Portland Street in January, 1951, for males and Killearn Street in October, 1952, for females—they have been constantly under the psychiatric and medical supervision of the School Health Service medical staff. A fortnightly morning period is allocated to this work and is spent at the centres alternately. Trainees are assessed prior to admission and periodically during training. Contact is maintained with concerned parties such as After-Care Department, Mental Services Section and with the Ministry of Labour and case records are kept.

School Medical Officers give lectures to nurses studying for the *Health Visitors' Certificate* and the students visit schools and school clinics.

Dental treatment is also available (a) for pre-school children at the ordinary school dental clinics to which they are usually referred by School or Child Welfare Medical Officers; (b) at special clinics for ante-natal and nursing mothers up to 9 months after confinement.

B.C.G. vaccination is offered, in the course of an annual campaign, to school children. Details of the scheme, which commenced in the autumn of 1953, are given in Appendix VIII, page 97.

The School Health Service co-operates in the *poliomyelitis campaign*. During the session, 23,763 injections were given by School Medical Officers at school clinics.

The *X-ray Section* at Cochrane Street undertakes the examination of recruits for the School Health Service and also teachers under the Teachers' Sick Pay Regulations.

CHILDREN'S DEPARTMENT.

Close co-operation has been maintained with the Children's Department since it was established in August, 1948. At the request of the Children's Officer, children under his supervision are examined regarding their mental condition and appropriate action advised. Medical treatment at school clinics is also provided on request, including the provision of spectacles.

The *Remand Home* is under medical supervision by the staff of the School Health Service, School Medical Officers visiting the Home on a weekly rota and being on call at any time of the day or night. (See Appendix IX for details of the current Session.)

EDUCATION DEPARTMENT.

The School Health Service closely associates with all branches of the Education Department in connection with the various schemes, details of which are given throughout this Report and below.

Teachers are X-rayed annually under the terms of the *Sick Pay (Teachers) Regulations* (see Appendix VIII for details of the scheme which commenced in November, 1954).

Nursery schools are under the medical supervision of the School Health Service. School Medical Officers visit monthly for the purpose of Routine Medical Inspection and a nurse calls each week when the School Medical Officer is not due to visit. The school clinics are available for the treatment of children with defects. (See Appendix VII for full details of inspection and treatment during the Session.)

Pupils approved for a stay in *residential schools* are examined twice prior to admission and the schools are visited periodically by School Medical Officers in order to assess the fitness of the children for return to schools in Glasgow.

During six weeks in July-August, 1959, arrangements were made for children suffering from otorrhoea, epilepsy and diabetes to be given a holiday in Agnes Patrick/Stevenson Residential School, Ascog, and staff in attendance included medical and nursing personnel from the School Health Service. During the first period, 6th to 18th July, 44 otorrhoea cases were accommodated; from 21st July to 1st August, epilepsy cases numbering 43 were accommodated and during the third period 3rd to 15th August, diabetic cases totalling 17 and otorrhoea cases to the number of 22 were in residence.

During July and August, 1958, 12 children from Glasgow, along with others from neighbouring counties, were given a holiday at camps for diabetics in England. A school nurse accompanied these groups to and from the camps.

Children are examined twice before proceeding on *holiday abroad* or to *holiday and residential* camps. During the summer, the Principal Medical Officer visits several of the camps and reports on the hygiene and other living conditions.

Employees in *School Meals Kitchens* are medically examined annually and applicants for posts have to undergo medical examination

(including X-ray) to ascertain their fitness to undertake the employment offered. During the year, 1,029 persons were notified to attend for examination by a School Medical Officer and of these 83 did not respond. Of the 946 who attended the results were as follows :—

New Staff.—366 were examined, of whom 66 were considered unfit by reason of the following defects : skin condition, 2 ; general condition, 6 ; heart condition, 4 ; ear condition, 8 ; chest condition, 4 ; high blood pressure, 7 ; defective hygiene, 11 ; nervous condition, 5 ; varicose veins, 7 ; eye condition, 3 ; chronic bronchitis, 2 ; unsatisfactory X-ray, 3* ; rheumatism, 1 ; glycosuria, 1 ; low blood pressure, 2.

Old Staff.—580 were examined, 8 of whom were considered unfit by reason of the following defects : heart condition, 2 ; general condition, 3† ; chest condition, 1 ; tonsillitis, 1‡ ; severe cold, 1‡.

* One of these women was later accepted for employment.

‡ These persons later returned to duty.

† One of these persons later returned to duty.

Additional arrangements are now made for the X-raying at the Mass Radiography Centre, Elmbank Street, of all candidates for posts as dining room attendants, special school van attendants and milk attendants (see Appendix VIII for details of examinations during Session 1958-59).

Other adult employees of the Education Department are, on occasion, referred to the School Health Service for medical examination and advice as to their fitness to resume their occupation. In addition, teachers and other Education Department employees who have been in contact with cases of infectious disease in their homes are instructed to report in person to the School Health Service for guidance as to date of return to duty.

Special officers of the School Attendance and School Welfare Sections investigate *cases of neglect* in connection with all the minor ailments clinics and report back to the School Health Service.

Requests for advice regarding children who have been *absent from school* for some time are frequently received from the School Attendance Department. The action taken will depend on the circumstances and may include communication with the Hospital Board organisation,

asking parent to take the child to a school clinic, the visitation of the home by a School Medical Officer, or writing the private doctor in attendance to ascertain if he has any objection to a School Medical Officer examining the child regarding fitness to resume school and, in the same letter, pointing out that special treatment is available through the School Health Service (e.g., artificial light therapy, residential schooling, etc.).

Students attending *pre-vocational courses* for nursing, nursery nursing, commerce, building and engineering are medically examined. Examination of the nurses and nursery nurses includes X-ray examination. Candidates for printers' apprenticeships are also medically examined, including X-ray.

Other special examinations made by School Medical Officers are—applicants for employment licences under the Corporation Bye-laws ; persistent truants appearing before School Management Committees and certain juvenile court cases.

Pupils recommended for *home tuition* are examined by School Medical Officers before inclusion in the scheme and at intervals thereafter. The suitability for occupational treatment of ineducable children is also reported.

During a week in the month of June, a doctor and a nurse are in attendance each day at the *Entertainment to Handicapped Children* at Loch Lomond (Balloch Park).

Physical training teachers holding physiotherapy qualifications are employed at orthopaedic clinics along with qualified physiotherapists.

The co-operation which has been maintained with the *Youth Employment Service* since its inception (February, 1951) has continued with resultant benefit. Choice of employment, an important decision which all boys and girls have to make on leaving school, is based not only on the abilities, aptitudes and attainments of the young persons, but, unless unhappiness in employment is to follow, must also have regard to their physical well-being. The School Medical Officer does, therefore, play an important part by interpreting to the Youth Employment Officer the physical disabilities of pupils in terms of vocational choice. The collaboration which exists between the School Health Service and the Youth Employment Service provides the greatest safeguard against any young person being recommended to, or placed in, employment where injury to health or aggravation of an existing disability would result.

The School Health Service also co-operates with the Youth Employment Service and the Department of Public Health and Social Medicine of Glasgow University in a scheme to ensure the greater well-being and speedier settlement in industry of physically handicapped boys and girls after they leave school. The Heart Specialist seconded to school clinics is also present when children, physically handicapped by reason of heart conditions, are being interviewed as regards placing in employment.

E. CO-OPERATION WITH OTHER OUTSIDE AGENCIES.

DEPARTMENT OF HEALTH FOR SCOTLAND.

From time to time requests are received for information on various matters affecting the health of school children. Reports are also required particularly in connection with the various Special Committees of the Department. The Annual Report on the Medical Inspection and Treatment of school children in the area is sent to Edinburgh as soon as it is completed.

UNIVERSITY OF GLASGOW.

Each year the School Health Service co-operates in the arrangement of the curriculum for the students attending classes for the Diploma in Public Health. The Assistant Principal Medical Officers give lectures to the students attending these classes. During Session 1958-59, 13 of these students visited a number of schools and school clinics.

Lectures are also given to the students who take the post-graduate course in Mental Deficiency for medical officers and who also gain their practical experience in the child guidance clinics, special schools and occupational centres.

Co-operation is maintained with regard to the placing of physically handicapped children in employment. (See note under "Youth Employment Service," page 23.)

The School Health Service has co-operated from time to time in connection with various surveys. In the 1958-59 Session, 60 houses were visited in connection with a follow-up of small premature babies sponsored by The Medical Research Unit (National Spastics Society), Department of Child Health, Guy's Hospital, in co-operation with the Society of the Medical Officers of Health.

WESTERN REGIONAL HOSPITAL BOARD.

Specialists are allocated by the Board to work part-time at school clinics for cardiac, orthopaedic, ear, nose and throat, skin and defective

vision cases. An anaesthetist also attends a special clinic where children are given dental treatment under a general anaesthetic. A dispensing optician is seconded full-time to school clinics for the purpose of testing and fitting spectacles provided to school children.

The Mass Radiography Unit undertakes the examination of school children at intervals when the Unit is available. Pupils of 14 years and over are X-rayed and the School Health Service makes all arrangements with the schools including the transportation of the children to and from the Centre. Due to the suspected danger from radiation, as expressed by the authorities, it was decided that the scheme of Mass Miniature Radiography would be discontinued in the 1960 Session and only children found to have a Mantoux-positive reaction in connection with the B.C.G. campaign would be X-rayed, and in these cases a large film would be taken.

Infectious disease hospitals refer school children who are post-pneumonia cases to the School Health Service clinics for examination and after-care. During Session 1958-59, 158 such pupils were reported and, of these, 40 failed to appear, or intimated that they were receiving private treatment, 4 were found to be requiring no further attention, 26 were dealt with at " general " school clinics and 10 were recommended for convalescent holidays. The remaining 78 were placed on the list for artificial light therapy. A list of the infectious disease cases discharged from these hospitals is also forwarded to the School Health Service which notifies individual schools when the children may resume.

Almoners of the various Glasgow institutions correspond frequently regarding the health and welfare of school children and submit many recommendations for the admission of such children to Corporation residential schools.

It is sometimes necessary to refer school children direct to hospitals for treatment. During the current Session, school clinics referred 441 cases (287 boys and 154 girls), the ailments from which they suffered being as follows :—

<i>Skin—</i>	Boys	Girls
Wounds, etc. (minor injuries) ...	167	67
Fractures	20	16
Other skin conditions	48	35
<i>General</i>	21	23
<i>Eye</i>	27	9
<i>Ear, Nose and Throat</i>	4	4
	<hr/> 287	<hr/> 154

By arrangement with the Southern Ayrshire Hospital Board, a number of beds are allocated in Biggart Hospital Home, Prestwick, for physically handicapped children in need of nursing care. During the period under review, 184 children were summoned to school clinics for preliminary medical examination and of the 119 who attended, 101 were considered suitable for admission to the Home.

NATIONAL HEALTH SERVICE EXECUTIVE COUNCIL.

A list of applicants for the supply of spectacles as prescribed under the School Eye Service scheme is sent to the Executive Council to obviate the possible duplication of supply.

Private medical practitioners make use of the School Health Service for children requiring special treatment at school clinics in particular cases. As previously mentioned, also, these doctors are communicated with regarding children who have been absent from school for some time and are invited to make use of the special facilities provided under the auspices of the Service.

School children attending the principal foot clinics are marked present as in the case of children attending private dentists, etc.

VOLUNTARY ORGANISATIONS.

At the request of the University Settlement, children are medically examined prior to going to the Children's Village, Humbie. During the year, no such children were examined.

The Assistant Principal Medical Officer (General) gives lectures each year to the Glasgow District Nursing Association.

OTHER LOCAL AUTHORITIES.

Over some years, co-operation with other local authorities, particularly in Scotland and England, has been developed with mutual benefit. The exchanging of medical records and reports of individual cases has proceeded without difficulty and Glasgow School Health Service has been pleased to offer advice and practical assistance, when invited to do so, on any matters relating to the health of school children. In this connection, the services of an audiometrician were placed at the disposal of the County Medical Officer of Health of Argyll for the purpose of conducting an audiometric survey at Kirn School on 17th June, 1959; 100 pupils were tested and of that total 4 failed in the test.

5.—THE FINDINGS OF MEDICAL INSPECTION

GENERAL REVIEW

(Detailed statistics on pages 56-88.)

The average number of pupils on the register of all schools during 1959 was 179,249 compared with 178,634 in 1958 and 178,155 in 1957.

Table I (pages 56 and 57) gives the total number of school children examined in the stated age-groups during the course of the year ended 31st July, 1959 ; relative statistics are also given for each of the two immediately preceding years. In "ordinary" schools 50,545 pupils were systematically examined, a total which was the smallest since 1955. The numbers seen at special schools were fewer than in any previous year since 1945.

Other examinations *in schools* were reduced, being the smallest since 1954—mainly due to a continued fall in the number of "abnormals" examined. Examinations *mainly at clinics* were increased, being the highest since 1956 ; the continued rise in the number of residential school examinations was notable. *Cleanliness inspections* by nurses were more numerous than in 1958 but were smaller than in any other previous year since 1948.

Appendix Ia, page 58, gives the numbers and percentages of children notified to parents as in need of treatment for certain conditions observed at routine examination. Notifications were fewer than in 1958, the percentage being the smallest ever recorded. Appendix IIa, page 70, provides more details concerning notifications to parents.

Appendix Ib, page 60, shows the age distribution of children seen at the date of systematic examination. The reduced numbers were mainly in the second and third age-groups, particularly pupils aged 9, 10, 13 and 14 years at the time of inspection.

In Table II, pages 62 to 68, the results of systematic examination of children in "ordinary" schools during the year are arranged to show the numbers and percentages of the children in selected age-groups who were found to be suffering from one or more of the listed defects. Totals for the years 1958 and 1957 are supplied for comparison. The following are some brief notes on the tabulated information.

Unsatisfactory clothing and unsatisfactory footgear remained at the same low percentage (0.1), in each case, thus equalling the previous best.

Uncleanliness (7.9 per cent.) showed a decided improvement, the percentage being the best since 1950. Some improvement was also reported independently by cleanliness inspectresses and by nurse inspectresses of the Sanitary Department.

Skin diseases (3.7 per cent.) continued to increase due to the discovery of more "others" cases (mainly acne, warts, ulcers and abscesses) and, to a lesser extent, scabies; the percentage was the highest since 1945.

Defective nutrition (2.8 per cent.) was unchanged, equalling the previous best. As mentioned before in these Reports, however, there was no reliable basis for assessment of this condition and differing standards of individual officers might be expected to influence results from year to year.

Mouth and teeth unhealthy (oral sepsis) at 1.4 per cent. was also unchanged and equalled the lowest figure previously recorded for this condition.

Naso-pharyngeal defects (9.0 per cent.) were slightly more numerous compared with 1958 and 1957, but were fewer than in any previous year since 1951.

External eye diseases (4.3 per cent.) equalled the improved percentage recorded in 1958, strabismus cases being again responsible for the improvement. *Defective vision* (12.1 per cent.) was much improved and was only bettered by the 1956 figure (12.0 per cent.) which was the lowest ever recorded. More cases were recommended for refraction and retest.

Ear conditions (1.5 per cent.) were slightly more numerous than in the past two years due to an increase of defective hearing cases (Grade I and IIA), but otorrhoea continued to improve.

Speech defects (1.0 per cent.) were discovered more frequently, the percentage being the highest since 1947; defective articulation cases were responsible for the increase.

Mental and Nervous conditions (0.4 per cent.) showed a slight improvement.

Diseases of the circulatory system (1.2 per cent.) compared favourably with the returns for most of the post-war years.

Lung diseases (3.3 per cent.) were slightly increased (the highest percentage since 1953) due mainly to catarrhal conditions.

Deformities (2.2 per cent.) showed a slight decrease, the percentage being the smallest since 1954; the continued improvement in respect of rickets was notable.

Infectious diseases and *diabetes* again returned negligible percentages.

Asthma (0.5 per cent.) was slightly increased, but *other diseases or defects* (3.8 per cent.) were fewer than in 1958.

Appendix IIa, page 70, gives additional information extracted from the returns of routine medical inspection. The *attendance of parents* at the examination of their children was again improved, returning the best percentage since 1956—the improvement being mainly as regards children in the third age-group. *Notifications to parents* regarding the various defects found at inspection were fewer on the whole. Fewer children were *noted for re-inspection* of clothing, etc., but more for other defects. Slightly more were *excluded from attendance at school* than in 1958. The percentage (51.5) of children with *no recorded defect* was the best ever given in these Reports. *Sound teeth* showed an improved percentage and a similar improvement was noted in connection with *visual acuity* among those not owning glasses. *Diphtheria immunisation* (85.2 per cent.) continued to decline, but *vaccination against smallpox* (60.3 per cent.), although improved over the 1958 figure was poorer than in any other year—in both instances the proportion of infants protected being particularly unsatisfactory.

Appendix IIb, page 72, details the results of the partial examination of children born in 1951 and also gives the totals of the two previous years for comparison. The percentages for visual acuity and hearing were the best ever recorded in each instance.

Appendix IIc, page 74, gives particulars of the average heights and weights of children measured at routine medical inspection in 1959 and

for each of the years back to 1950. The general improvement continued. A table showing average heights and weights of pupils in quinquennial periods and graphs of these demonstrate the consistent increase over the half century.

Table III, page 80, classifies the results of systematic medical inspection according to the remediability of the major defects observed in the children. The percentage (66·0) of children free from defects (other than clothing, cleanliness and minor dental defects) showed a slight improvement over 1958 and was just below the 1957 figure, which was the previous best since 1954.

Appendices IIIa and IIIb give particulars of certain "other examinations" listed in Table I. Appendix IIIc details the results of cleanliness inspection by nurses, and these were fairly satisfactory. Appendix IIId summarises the findings of the year's work in the "hygiene units," which were fairly satisfactory, but possibly would have been better if staffing difficulties could have been overcome.

The returns of medical inspection in nursery schools are summarised in Appendix VII, page 95, and Appendix VIII describes the measures adopted for the prevention of tuberculosis among school children. Appendix IX, page 101, gives a brief note on the medical supervision of the Remand Home and Appendix XIV shows the relationship between the parent's occupation and the remediability classes of Table III. An additional Appendix (XV) gives an extract from the first Annual Report of the School Health Service in 1910.

6.—MEDICAL TREATMENT

GENERAL REVIEW

(Detailed statistics on pages 32 to 47 and 103 to 111.)

During the year, more new cases were treated and attendances at school clinics were similarly increased—with few exceptions. Increases were due in part to re-organisation (e.g. the Audiometric Survey) and perhaps to the more rigorous follow-up of defaulters. A shortage of staff, particularly of specialists, which persisted throughout the Session, was mainly responsible for any reductions or for restricting increases.

Brief explanatory notes on each group of defects are given below.

Cuts, bruises, minor injuries, etc., were more numerous and new cases were, in fact, seen more frequently than in any previous year with the sole exception of 1957—proof of the undiminished popularity of the school clinic as a centre for the treatment of superficial conditions.

Fewer cases of *ear disease* were examined by School Medical Officers or by specialists—in the latter instance due to a shortage of staff. New cases treated at clinics were, however, the most numerous for many years but total attendances, although greater than in 1958, were much reduced compared with previous years due mainly to improved methods of treatment. Otorrhoea cases were less frequently seen than in any previous year.

More *defective hearing* cases were seen, mainly in connection with the audiometric survey scheme as the result of the re-organisation described in Appendix XII.

Eye diseases were slightly increased compared with 1958 but were otherwise fewer than in any previous year back to 1947—conjunctivitis showed consistent decline.

Skin diseases were considerably increased, new cases and total clinic attendances being the highest respectively since 1954 and 1948. Scabies and ulcers/abscesses were mainly responsible for the increase, whilst impetigo continued to fall.

A further reduction in the number of *defective vision* cases dealt with was again due entirely to the difficulty of obtaining sufficient staff for this work. Fewer children were seen at refraction clinics than in any previous year since 1949 and although the number supplied with spectacles was slightly greater than in 1958 it was smaller than in any other year since 1953.

Tonsil/adenoid operations were performed a little more frequently than in 1958, but the total was the smallest otherwise since 1951, due to reduction in the number of operation periods allotted and to restrictions placed on admissions. Examinations by the specialists were increased partly by reason of the inclusion, for the first time, of the figures relating to post-operative tonsil/adenoid cases.

Orthopaedic cases were more numerous. Hospital admissions were increased and more patients were examined at school clinics, the number seen by the consultant being the greatest for many years. New cases put on treatment were also the greatest in number for many years and the total attendances at clinics were the greatest since 1954—mainly due to fewer staff changes.

More new cases of *general disease* were seen than in any year since 1948 and total attendances at clinics were similarly increased—"others" showing the largest single increase. Medicines were supplied more frequently than at any time since 1953.

Artificial light treatment cases continued to decline—two centres only now provide for school children.

At the special *cardiac clinic* more new cases were examined by the specialist who has reviewed the progress of the scheme since its inception.

The special clinic for the investigation of *allergy* cases continued to function and the School Medical Officer in charge of the investigation provides a summarised report of his findings.

Treatment at special schools by nurses is shown for the first time in these Reports.

Fewer cases of *speech defect* were treated—reduced staff being responsible.

The *diphtheria immunisation campaign* in schools was a modified success, the numbers dealt with being only slightly fewer than in 1958.

(A) MINOR AILMENTS

Throughout the treatment tables, "Single visit cases" includes those treated and disposed of at first visit, cases not for treatment, and cases without apparent disease.

(1) CUTS, BRUISES, SPRAINS, MINOR INJURIES, ETC.

Details of new cases—	1959			1958	1957
	Boys	Girls	Totals	Totals	Totals
Cuts, bruises, sprains, etc.	2,304	1,165	3,469	3,372	3,713
Burns and scalds	198	166	364	301	412
Totals	<u>2,502</u>	<u>1,331</u>	<u>3,833</u>	<u>3,673</u>	<u>4,125</u>

The attendances are included with those for skin conditions (page 36).

(2a) DISEASES OF THE EAR.

Examined only.

	1959			1958	1957
	Boys	Girls	Totals	Totals	Totals
Recommended operation for tonsils and/or adenoids ...	184	172	356	320	305
Other operations recommended	1	1	2	3	—
Referred to hospitals ...	42	28	70	1	—
Single visit cases ...	301	184	485	611	602
Totals ...	528	385	913	935	907

Treated at clinics.

Details of new cases—

	1959			1958	1957
	Boys	Girls	Totals	Totals	Totals
Chronic suppurative inflammation (otorrhoea)—Single	84	46	130	230	364
Double	9	4	13	24	58
Results of above diseases	5	2	7	8	24
Retracted membrane	19	7	26	15	60
Chronic aural catarrh	—	—	—	5	—
Ceruminous collection (wax)	218	251	469	372	348
Nasal catarrh	9	8	17	7	69
Laryngitis	—	1	1	1	5
Polypus	—	—	—	—	3
Other diseases	384	297	681	589	241
	728	616	1,344	1,251	1,172
Cases from previous session	462	341	803	703	743
Totals	1,190	957	2,147	1,954	1,915
Clinic attendances of above cases	16,438	10,556	26,994	25,973	28,460

Examinations by Specialists.

Cases to the number of 1,098 (656 boys and 442 girls) were summoned to school clinics for examination by aurists. Of that total 327 (193 boys and 134 girls) failed to attend, the remainder being dealt with as under :—

At school clinics—

	1959			1958	1957
	Boys	Girls	Totals	Totals	Totals
Recommended operation for tonsils and/or adenoids ...	19	12	31	49	47
Other operations recommended	12	6	18	16	7
Referred to hospital ...	55	49	104	141	141
For X-ray ...	64	48	112	156	145
Other recommendations and treatments	313	193	506	603	927
✓	463	308	771	965	1,267

X-ray Examinations.

Cases totalling 249, which included some children from the audiometric surveys, were X-rayed in Stobhill or Southern General Hospitals, on the recommendation of the specialists, with the results as shown. A few were X-rayed for more than one condition.

			Positive		Negative		Totals		Total
			Boys	Girls	Boys	Girls	Boys	Girls	
Sinuses	...	...	61	48	64	39	125	87	212
Mastoids	...	...	18	10	3	2	21	12	33
Chest ...	...	...	—	—	4	—	4	—	4
Total examinations			79	58	71	41	150	99	249

(2b) DEFECTIVE HEARING.

Children with defective hearing are mainly ascertained (1) by School Medical Officers at routine medical inspection—5, 9, 13 and 16 year-olds; (2) by nurses at partial inspection for vision and hearing only for 7 year-olds; (3) from reports by teachers and others; and (4) through the audiometric survey scheme—usually 8/9 year-olds. Those reported under (1), (2) and (3) are summoned to the school clinic, examined by the School Medical Officer, put on treatment if necessary and subsequently referred to one of the consulting aurists seconded by the Hospital Board. Those emanating from the audiometric survey in schools are examined first by a School Medical Officer allocated to this work who passes the more serious cases to the certifying aurist.

All cases are eventually classified according to the degree of hearing loss and notified to the appropriate section of the Education Department with a recommendation as regards the educational facilities indicated (e.g. front seat in class). Any child whom it is proposed to recommend for transfer to a special school for the deaf or partially deaf is first examined by an aurist to diagnose the physical cause of deafness.

The certifying aurist, in addition to visiting school clinics for the purpose of examining children reported to be suffering from defective hearing (mainly cases referred from the audiometric surveys), also visits, from time to time, children in the schools for the deaf or partially deaf and reviews the progress of each case.

During the year ended 31st July, 1959, the work done in connection with cases of defective hearing was as follows.

Classification. Pupils to the number of 68 were summoned with a view to grading as regards special education and, of that total, 47

(30 boys and 17 girls) attended, one child being classified for deaf classes. The specialist also made the following recommendations :— audiogram, 20 ; hearing aid, 8 ; medical treatment, 6 ; front seat in class, 4 ; lip reading, 3 ; other recommendations, 5.

Hearing Aids. Of 36 children recommended hearing aids, instruments were supplied to 32 children (15 boys and 17 girls), 9 of these being of the new transistor type. In addition, 4 children were recommended proprietary aids, 3 of these being provided at the Corporation's expense (on the recommendation of the Principal School Medical Officer) and one being obtained privately by the parent.

Audiograms. 802 cases (442 boys and 360 girls) were tested by audiogram at Florence Street Audiometric Clinic, the total including 16 cases summoned for re-testing.

Tonsils/Adenoids Cases. In two instances (both boys) operations for removal of tonsils and adenoids were performed in Western District Hospital.

Audiometric Survey Scheme. Details of the work accomplished during the Session, including the findings of the specialists and the treatment provided, are shown in Appendix XII, page 107.

(3) DISEASES OF THE EYE, EXCLUDING DEFECTIVE VISION.

	Boys	1959 Girls	Totals	1958 Totals	1957 Totals
Details of new cases—					
Blepharitis	301	265	566	526	625
Hordeolum (Stye)	239	272	511	496	535
Conjunctivitis, catarrhal	176	169	345	373	507
Conjunctivitis, muco-purulent	2	1	3	—	—
Ophthalmia, strumous (includes phlyctenular conjunctivitis and keratitis)	—	1	1	2	4
Keratitis (interstitial)	—	1	1	—	2
Corneal ulcers	1	2	3	2	19
Corneal opacities	—	—	—	—	—
Dacryocystitis	—	—	—	1	—
Epiphora	—	2	2	1	—
Injuries	74	31	105	114	85
Other diseases	24	21	45	54	56
Single visit cases	200	178	378	364	404
Cases from previous session	1,017 69	943 79	1,960 148	1,933 125	2,237 139
Totals	1,086	1,022	2,108	2,058	2,376
Clinic attendances of above cases	8,712	7,829	16,541	15,830	18,508

(4a) DISEASES OF THE SKIN, EXCLUDING RINGWORM AND FAVUS.

Details of new cases—					1959	1958	1957
		Boys	Girls	Totals	Totals	Totals	Totals
Scabies		1,279	1,155	2,434	1,872	1,478	
Pediculosis capitis		5	14	19	21	9	
Impetigo contagiosa		1,045	567	1,612	1,637	1,849	
Ped. cap. and imp. cont.		19	21	40	29	59	
Ecthyma		21	15	36	38	54	
Dermatitis seborrhoeica		90	84	174	169	257	
Eczema		58	34	92	100	124	
Alopecia areata		14	9	23	23	20	
Psoriasis		10	13	23	16	33	
Herpes zoster (shingles)... ..		79	73	152	207	146	
Lupus		—	—	—	—	—	
Ulcers and abscesses		2,405	1,249	3,654	2,962	2,957	
Urticaria		95	106	201	120	126	
Warts		441	454	895	722	714	
Other skin diseases		197	133	330	425	319	
Single visit cases		1,686	1,048	2,734	2,536	3,030	
Cases from previous session ...					7,444	4,975	12,419
					330	263	593
							10,877
							11,175
Totals					7,774	5,238	13,012
							11,396
							11,729

Clinic attendances of above and ring-worm cases	78,133	50,961	129,094	109,485	109,878
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Special Cleansing Clinics—

	1959	1958	1957
New cases	246	288	301
Attendances	452	537	521

(4b) RINGWORM.

Drug Treatment—

Details of new cases—					1959	1958	1957
		Boys	Girls	Totals	Totals	Totals	Totals
Ringworm (head)		—	—	—	8	22	
Ringworm (body)		48	13	61	30	49	
Totals					48	13	61
						38	71

X-ray Treatment.

Two girls were given X-ray treatment for skin conditions, one for warts and the other for eczema. Each received one X-ray exposure.

(4c) BATH TREATMENT OF SCABIES.

		1959		1958	1957
	Boys	Girls	Totals	Totals	Totals
Cases receiving baths	974	934	1,908	1,462	1,341
Baths given	4,383	3,931	8,314	6,911	8,216

(B) DEFECTIVE VISION

The visual acuity of children in the approximate age-groups of 9, 13 and 16 years is tested by School Medical Officers in the course of routine inspection and 7 year-olds are tested by nurses. Any cases of defective vision thus discovered and any suspected by teachers and others are reported to the Central Office. These children are then summoned to a school clinic where oculists seconded by the Hospital Board, or School Medical Officers specially trained in this work, test by refraction and prescribe the treatment required.

Spectacles can be supplied, if desired, through a firm of opticians under contract to the Hospital Board—the spectacles being obtainable free of charge to parent or, if special frames are preferred, on payment of a contribution towards the cost. A dispensing optician (appointed 1.9.54) is in attendance daily at one or other of six centres to assist parents in choosing type of spectacle frame, to fit and check the spectacles supplied and to arrange for repairs by the contractors.

A consultant ophthalmologist is also seconded by the Hospital Board and to her are referred cases which present any difficulty. The Board accepts financial responsibility for the conduct of the scheme and a weekly list of applicants for new spectacles is sent to the Executive Council to obviate duplication in supply through the Supplementary Ophthalmic Services scheme.

Below are given the figures relating to (a) cases dealt with at refraction clinics during 1959 compared with each of the two previous years and (b) spectacles supplied as prescribed at the school clinics.

(a) CASES DEALT WITH AT REFRACTION CLINICS.

	Boys	1959 Girls	Totals	1958 Totals	1957 Totals
Subjected to refraction—					
Spectacles prescribed ...	2,465	2,456	4,921*	4,804	5,718
Spectacles not prescribed—					
For further treatment ...	...	...	1,067	1,069	1,254
No treatment required ...	...	...	514	522	691
			<u>6,502</u>	<u>6,395</u>	<u>7,663</u>
Not subjected to refraction—					
For further treatment ...	...	...	852	1,022	1,337
No treatment required ...	...	...	330	349	518
Spectacles checked ...	...	...	2	4	35
Postponed ...	...	...	849	1,005	1,356
			<u>2,033</u>	<u>2,380</u>	<u>3,246</u>
Total number dealt with at refraction clinics			<u>8,535</u>	<u>8,775</u>	<u>11,007</u>
Number of clinics held ...	...	...	918	937	1,128
Average number of children per clinic ...	...	...	9.3	9.4	9.8
Average number subjected to refraction at each clinic ...	...	...	7.1	6.7	6.8

At school clinics, 26 new occlusion cases were put on treatment while an additional 352 children were kept under observation. The number of children referred to hospital for further treatment was 269 and a further 30 were put off treatment.

At the end of the school Session, approximately, 2,845 children were awaiting refraction, distributed as follows :—

New cases—840 ; “ failed to attend ”—1,538 ; retests—467.

* Classification of refraction errors was as follows :—

Hypermetropia			Myopia		Anisopia	Total
H.	H.A.	M.	M.A.	Mx.A.		
622	1,777	1,089	564	498	371	4,921

(b) PROVISION OF SPECTACLES.

New cases were supplied with spectacles under the scheme to the number of 4,889. The nickel type was provided in 4,582 instances free of charge, and the cellulose acetate in 305 on payment by each parent of a contribution towards the cost. In addition, 2 children who were allergic to nickel were supplied free of charge with the cellulose acetate type.

Replacements or repairs totalled 2,152, the details being as follows :—new lenses, 59 ; replaced lenses, 957 ; frames, sides, etc., 1,136 (nickel, 1,133 ; cellulose acetate, 3). A contribution towards the cost of replacement or repair was made by the parent in 3 instances.

(C) EAR, NOSE AND THROAT OPERATIVE TREATMENT.

(i) TONSILS AND ADENOIDS OPERATIONS.

Arrangements for tonsil/adenoid operations in the Western District Hospital have undergone several changes. Since October, 1956, only cases previously seen and approved by the operating specialists are now admitted for operation and, since January, 1957, operating sessions have been reduced from three to two per week, patients being retained in hospital for 48 hours following the operation instead of 24 hours as formerly. A follow-up of post operative cases has functioned from 9th October, 1958, in conjunction with the operating specialists who had recommended and/or performed the operations.

Preliminary Examinations by Specialists.

A summary of the specialists' recommendations in respect of cases referred for tonsil/adenoid operation at Western District Hospital during the school year is given below.

				First Exam.		Second Exam.		Third Exam.		Total	
				B.	G.	B.	G.	B.	G.	B.	G.
Summoned	...	...	...	713	661	45	41	3	5	761	707
Attended	...	...	...	508	484	36	28	2	4	546	516
Examined	...	...	...	478	449	35	27	2	4	515	480

Recommendations—

T. and A. operation	...	...	...	350	324	20	12	1	3	371	339
Audiogram and T. and A. operation	...	...	...	64	53	1	1	—	—	65	54
Not for treatment	...	...	...	10	15	9	11	—	1	19	27
Audiogram	...	...	...	10	3	2	—	—	—	12	3
X-ray examination	...	...	...	25	9	2	1	—	2	27	12
Blood investigation	...	...	...	5	6	—	—	—	—	5	6
Clinic treatment	...	...	...	47	32	3	1	1	—	51	33
Other recommendations	...	...	...	8	12	1	—	—	—	9	12

In addition to the above recommendations, 75 of the cases were noted for review at later dates—mainly from three to six months subsequently.

Tonsil/Adenoid Operations Performed.

The table below shows the number of operations performed in the several hospitals during 1958-59, compared with the figures for the previous two years.

				1959		1958	1957
				Boys	Girls	Totals	Totals
Tonsils removed—							
Western District Hospital	...	...	...	2	1	3	6
Mearns Kirk Hospital	...	...	...	—	2	2	5
Adenoids removed—							
Western District Hospital	...	...	...	31	30	61	111
Mearns Kirk Hospital	...	...	...	37	16	53	63
Stobhill Hospital	...	...	...	—	—	—	8
Southern General Hospital	...	...	...	—	—	—	6
Tonsils and Adenoids removed—							
Western District Hospital	...	...	...	371	312	683	697
Mearns Kirk Hospital	...	...	...	193	188	381	483
Stobhill Hospital	...	...	...	—	—	—	1
Southern General Hospital	...	...	...	—	—	—	4
				633	549	1,183	1,384
Number of operation periods				...	...	*82	*58
Average number of cases per period				...	...	*9	*10
Clinic (including hospital) attendances				...	...	3,990	3,227

* These figures relate only to the Western District Hospital.

In addition to the above, 36 children (21 boys and 15 girls) were admitted to hospital during the year, but were discharged without operation for various reasons, mostly medical.

Other forms of treatment were also given to children receiving tonsils and adenoids operations, and a few patients were detained in hospital for more than the normal period before or after operation for medical reasons.

All children were instructed to report to the school clinic two weeks after discharge from hospital for post-operative examination.

The number of cases on the waiting list for Western District Hospital at 31st July, 1959, was 1,222 (607 boys and 615 girls) and of these, 191 (82 boys and 109 girls) had been "screened" by the above-mentioned specialists. The number awaiting admission to Mearnskirk Hospital at the same date was 177 (86 boys and 91 girls).

Follow-up Examinations by Specialists.

The undernoted are summarised details of the follow-up examinations of post tonsil/adenoid operation cases by the operating specialists of Western District Hospital; showing the numbers dealt with, the post-operative findings and the specialists' recommendations. Cases included in the survey were those who had been admitted to hospital for operation from February, 1956, onwards.

				First Exam.		Second Exam.		Third Exam.		Total	
				B.	G.	B.	G.	B.	G.	B.	G.
Summoned	...	...	...	241	184	67	59	11	7	319	250
Attended	...	...	...	136	99	43	34	7	6	186	139
Examined	...	...	...	132	95	43	33	7	6	182	134
<hr/>											
<i>Findings—</i>											
Improved	...	...	...	118	90						
No Change	...	...	...	14	5						
<hr/>											
<i>Recommendations—</i>											
Not for treatment	...	...	...	72	56	16	10	6	3	94	69
Clinic treatment	...	...	...	25	15	20	17	—	—	45	32
Audiogram	...	...	...	35	26	14	13	—	—	49	39
X-ray examination	...	...	...	22	12	—	1	—	—	22	13
Antral Lavage	...	...	...	—	1	9	6	—	1	9	8
Other recommendations	...	...	...	3	1	—	1	1	3	4	5

(ii) OTHER EAR, NOSE AND THROAT OPERATIONS.

In addition to those treated for tonsils and/or adenoids, children to the number of 69 (including 20 for antral lavage in Western District Hospital) were admitted to one or other of the hospitals during the year for operative and other treatment of various ear, nose and throat conditions. Some of the patients were treated for more than one defect.

The number of cases on the waiting list at 31st July, 1958, for other ear, nose and throat operations was 21 (12 boys and 9 girls).

(D) ORTHOPAEDIC AND POSTURAL DEFECTS.

There are now four school clinics with an orthopaedic section and these clinics have proved their worth as centres where provision is made for early detection, prevention and treatment of deformities. They are linked through the visits of the Consultant Orthopaedic Surgeon to Mearns Kirk Hospital and children are admitted there for operative treatment and afterwards are returned to the school clinic for exercises and general supervision.

In recent years, concomitant with the extension of the school clinic service, there has been a special service for spastic children in Kelbourne School. Although this began as a school (in January, 1955) the physiotherapy, speech therapy and occupational therapy services are just as important as the education services, and this day school which is unique in Scotland and was one of the first day schools in Britain to cater for spastic children, provides for all educable spastic children in the Glasgow area. At present about forty children are attending the school.

Details of the work during 1958-59 were as follows :—

(a) DEFORMITIES TREATED IN MEARN SKIRK HOSPITAL.

Cases in hospital at 1.8.58	...	...	17
Number admitted during the session			137
			<hr/> 154
Number dismissed during the session			127
			<hr/> 27
Number still in hospital on 31.7.59	...		<hr/> <hr/> 27

Of those dismissed the causes of disability were as shown :—

Foot deformities (congenital, 4 ; post poliomyelitis, 31 ; spastic paralysis, 17 ; other acquired deformities, 12) ; cerebral palsy, 2 ; torticollis, 13 ; limb shortening, 21 ; deformities of spine, 5 ; deformities of knee, 3 ; rickets, 3 ; other polio conditions, 3 ; miscellaneous, 13—total 127. Of that total 20 were admitted for physiotherapy or investigation. The remainder were admitted for operative treatment, 107 operations being performed in all, as under :—

Manipulations (including tenotomy and wrenching), 19 ; elongation of tendon achilles, 23 ; operation for hallux valgus, 6 ; stabilisation of foot, 6 ; tendon transplants, 12 ; epiphyseal stapling, 8 ; removal of staples (after correction of shortening), 15 ; tenotomy for torticollis, 13 ; spinal fusion, 2 ; miscellaneous, 3—total 107.

The average stay in hospital of these 127 children was 56 days.

During the year 60 new cases of poliomyelitis were discharged to the school clinics for physiotherapy.

The number of children on the waiting list for admission to Mearns-kirk Hospital on 1.8.59 was 22.

(b) DEFORMITIES TREATED BY EXERCISE, MASSAGE, ELECTRICAL TREATMENT, ETC., AT AVENUEPARK STREET, FLORENCE STREET, GLENBARR STREET AND HARRIET STREET ORTHOPAEDIC CLINICS.

	Boys	1959 Girls	Totals	1958 Totals	1957 Totals
Number of children examined by—					
School Medical Officers ...	425	353	778	723	821
Orthopaedic Surgeon ...	727	656	1,383	1,145	1,266
Number of attendances of "old cases" reporting for observation	601	517	1,118	1,012	1,094

The staff of physiotherapists carried out treatment for the following cases :—

Details of new cases put on treatment at Clinics—

	Boys	1959 Girls	Totals	1958 Totals	1957 Totals
Deformities of spine (kyphosis, lordosis, scoliosis) ...	102	117	219	169	175
Paralysis, infantile and other	80	66	146	92	108
Flat-foot and other deformities of the foot ...	135	105	240	216	185
Wry-neck (torticollis) ...	3	8	11	9	13
Deformities of chest ...	52	17	69	47	50
Knock-knees ...	9	20	29	31	11
Others ...	10	9	19	24	22
	391	342	733	588	564
Cases from previous session ...	148	136	284	251	239
Totals ...	539	478	1,017	839	803

Discharged from Orthopaedic Clinics—

	Boys	1959 Girls	Totals	1958 Totals	1957 Totals
Fit ...	281	236	517	425	413
For hospital treatment ...	11	6	17	14	25
To Convalescent Homes ...	2	1	3	—	—
Transferred to other clinics or treated by appliances ...	32	11	43	42	34
For other reasons (leaving school, etc.) ...	72	39	111	73	81
Totals ...	398	293	691	554	553
Number still on treatment ...	149	180	329	279	252
Number of attendances made by children for treatment ...			15,546	13,800	14,090

(c) DEFORMITIES TREATED IN SPASTIC UNIT.

Treatment provided in the various departments was as follows :—

	No. of cases treated.			No. of treatments.		
	Boys	Girls	Total	Boys	Girls	Total
Physiotherapy	18	14	32	1,842	1,755	3,597
Speech Therapy	10	10	20	896	1,014	1,910
Occupational Therapy ...	14	13	27	691	572	1,263

Group physiotherapy classes were held to the number of 68. Of the 4 children discharged during the year 1 was considered educationally unfit for the school and 3 had reached school leaving age. 7 (4 boys and 3 girls) were admitted during the Session bringing the number on the roll to 39.

(E) OTHER DISEASES

(a) CASES DEALT WITH AT THE REGULAR CLINICS FOR "GENERAL" DISEASES.

Details of new cases—

	Boys	1959		1958	1957
		Girls	Totals	Totals	Totals
Bronchitis and bronchial catarrh	546	381	927	808	920
Anaemia and/or debility ...	653	729	1,382	1,484	1,458
Rickets	—	—	—	—	2
Tubercular conditions—					
Pulmonary (including contacts)	29	32	61	23	75
Non-pulmonary	1	2	3	14	6
Paralysis	—	1	1	5	—
Heart disease	22	25	47	40	50
Chorea	4	3	7	6	12
Enlarged tonsils and/or adenoids	44	60	104	60	107
Adenitis	20	4	24	26	32
Rheumatism	20	30	50	41	59
Enuresis	350	406	756	645	730
Malnutrition	—	—	—	4	18
Epilepsy	6	11	17	15	15
Digestive disorders	29	37	66	64	137
Infectious diseases	2	2	4	1	66
Mental deficiency	1	—	1	1	2
Nervous disorders	65	67	132	89	74
Others	535	544	1,079	745	461
Single visit cases	1,029	846	1,875	1,749	2,019
Totals	3,356	3,180	6,536	5,820	6,243

Clinic attendances of above cases ... 11,720 10,742 22,462 17,840 18,150

(b) SUPPLY OF MEDICINES.

	Boys	1959 Girls	Totals	1958 Totals	1957 Totals
Details of new cases seen elsewhere than at "General" Clinics—					
Sent from school inspection for immediate supply	287	256	543	607	716
Sent from skin, eye and ear clinics	580	506	1,086	1,044	1,067
Additional attendances at "General" clinics for medicine	7,938	6,854	14,792	12,766	11,927
Totals	<u>8,805</u>	<u>7,616</u>	<u>16,421</u>	<u>14,417</u>	<u>13,710</u>

(c) ARTIFICIAL LIGHT TREATMENT.

	Boys	1959 Girls	Totals	1958 Totals	1957 Totals
Details of new cases—					
Rickets	1	—	1	2	4
Anaemia and/or debility ...	266	268	534	744	841
Nervous disorders	6	7	13	1	5
Enlarged glands	3	—	3	4	13
Chronic bronchitis	126	76	202	327	452
Rheumatism	10	22	32	43	51
Skin conditions	19	36	55	32	52
Eye conditions	1	1	2	2	12
Ear conditions	1	—	1	2	27
Other diseases	46	44	90	69	180
Single visit cases	12	1	13	59	118
Totals	<u>491</u>	<u>455</u>	<u>946</u>	<u>1,285</u>	<u>1,755</u>

Clinic attendances of above cases ...	7,416	7,040	14,456	17,246	22,962
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(d) CASES SEEN AT CARDIAC CLINICS.

The cardiology service for Glasgow school children was instituted early in 1947, the Heart Specialist from Stobhill Hospital attending school clinics as from 16th April that year. The aim of the scheme is to combat cardiac invalidism among school children and, by offering treatment to those with incipient or established heart disease, to enable them within limits to pursue the ordinary activities enjoyed by their fellows. The capabilities for exercise of these children are assessed and they are allowed physical training at school according to a graded plan. It may be noted that a very small proportion of children suffering from heart disease and attending ordinary schools are considered unfit for *any* form of exercise.

The scheme has been extended since Session 1949-50 to deal with children suffering from heart disease who are about to leave school. The Heart Specialist, in co-operation with Professor Ferguson of Glasgow University, interviews such children shortly before the leaving

date and with the aid of Youth Employment Officers places them in work thought to be suitable to their physical condition.

During the Session, 383 children (183 boys and 200 girls) referred by School Medical Officers were summoned to the Cardiac Clinics, 99 (49 boys and 50 girls) of these failing to attend. The remainder reported as follows :—

New Cases		Re-examinations		Totals	
Boys	Girls	Boys	Girls	Boys	Girls
52	59	82	91	134	150

The Specialist referred 32 children (10 boys and 22 girls) for further investigation at the Cardiology Clinic in Stobhill Hospital and 5 children (1 boy and 4 girls) for admission to hospital, where some were operated on for the treatment of certain forms of congenital heart disease. He also recommended that 2 boys should be passed out to ordinary school and that one girl should be admitted to a school for the physically handicapped ; 6 boys and 7 girls were recommended other forms of specialist and school clinic treatment and 4 boys and 2 girls were recommended to have their T. and A. operations expedited.

The Specialist also interviewed 14 parents of children who had been referred for further investigation at the Cardiology Clinic.

During the year, the children interviewed at special clinics and assessed as regards capability for suitable employment were as shown below :—

October, 1958, 5 ; December, 1958, 3 ; March, 1959, 6 ; June, 1959, 13. Since the commencement of the scheme in June, 1950, 366 children in all have been seen.

The Heart Specialist (Dr. Rogen) in reviewing progress since the inception of the scheme reports as follows :—

“ After early teething troubles were overcome, the Cardiac Clinics have followed a well-defined course. Many of the children seen at five years of age in 1947 have now, twelve years later, left school, and it has been very interesting and instructive to have followed the course of the cardiac abnormalities in so many individuals over so many years. Those requiring further supervision on leaving school have been referred to the Cardiology Clinic at Stobhill Hospital so that now some children, first seen when aged five, have become old friends in their late teens.

The increased scope of investigative methods of heart disease and the great potentialities of cardiac surgery have increased the importance and the value of the specialised cardiac clinic. Perhaps equally important is that, with the experience gained over the years, the innocent nature of certain murmurs can be diagnosed with greater confidence, and this is reflected in the lesser demand on the special school services and in the greater number of children considered fit for physical training.

Tribute should be paid, too, to Professor Ferguson of the Public Health Department of the University for his great help in placing the cardiac invalid in suitable employment at the time of leaving school.

There is no doubt that the cardiac clinics under the aegis of the School Health Service have come to stay and their value, it is hoped, will increase over the next 50 years."

(e) INVESTIGATION OF ASTHMA AND ALLERGY CASES.

Since January, 1950, one of the School Medical Officers (Dr. Thos. W. Gemmell) has been investigating and treating various allergic conditions at a special clinic in the Crail Street premises. The following is his latest summarised report on the workings of the scheme.

"The Allergy Clinic has now been running for 9 years and almost 300 new cases have been investigated.

Asthma. One third of the asthma cases show a significant allergic factor, and about two thirds of that group respond well to specific medication. Many of the cases are treated in close co-operation with the child's family doctor.

Urticaria. Most of these patients do very well with dietary restrictions based on allergy skin tests combined with anti-histamine drugs.

Hay Fever. There has been more hay fever in the past hot summer than for many years. As palliatives, the anti-histamine drugs control most of these cases satisfactorily, but a course of desensitising injections from February to June has proved a most effective preventative in 90 per cent. of cases."

(F) TREATMENT AT SPECIAL SCHOOLS

Children suffering from minor ailments are treated on the school premises by nurses on duty at special schools, thus obviating the need for such children to attend the clinics. The total treatments given in the appropriate categories during the year were as follows :—

	Boys	Girls	Total
Ear conditions	5,777	4,180	9,957
External eye defects	2,361	2,175	4,536
Skin disease	24,459	21,123	45,582
Uncleanliness (nits, vermin, etc.) ...	12,269	16,168	28,437
Medicines issued	5,296	5,028	10,324

7.—DENTAL INSPECTION AND TREATMENT

During the year under review, more schools were visited in connection with the Routine Dental Inspection scheme, thus providing a considerable increase in the number of children examined. This, in turn, was reflected in the numbers treated and completed.

All types of treatment showed an increase with the exception of extractions, and this was a particularly gratifying feature, as the drop in extractions was more than balanced by the very *definite* increase in fillings.

Permanent extractions (with local anaesthetic) showed a decrease of 297, while the corresponding increase for fillings was 2,834. These figures also demonstrated the great advantage of Routine Dental Inspection, where the proportion of fillings to extractions was 566 : 100 (much higher than it has ever been), while the ratio for non-R.D.I. patients was 236 : 100.

Another feature of the figures was that the downward trend in the percentage accepting clinic treatment (a trend which has been evident since free treatment was provided by private practitioners) now appears to be checked, and, in fact, showed a slight increase, while the numbers inspected and found to require treatment indicated a slight decrease.

As this year marked the half-century of the School Health Service, it might be relevant to compare these figures with the earlier ones. The early statistics showed that the percentages requiring treatment were 83·9 per cent. (1910), 83·3 per cent. (1911), and 85·6 per cent. (1912). Compared with 79 per cent. (1959) might, on the surface, indicate no great improvement. Such a comparison, however, gave

a completely false picture, as there was no clue to the extent of dental disease in each mouth. All experienced school dental officers agreed that we never now saw the gross caries so common even 20 years ago and, while to-day many of the children "found to require treatment" only required a few fillings, in those days multiple extractions were only too common.

8.—SPECIAL SCHOOLS AND CLASSES AND RESIDENTIAL SCHOOLS

(a) *HANDICAPPED CHILDREN*

Educational provision is made as follows in schools for handicapped children under the management of the Corporation :—

- (1) Mentally handicapped—16 Day Schools and 11 Occupational Centres.
- (2) Physically handicapped—10 Day Schools, 7 Hospital Schools and a Scheme of Home Tuition. (One day school has a separate unit for spastic children.)
- (3) Defective vision—1 Day/Boarding School for blind children and 1 Day School for the partially sighted. (The former serves the whole of Scotland and Northern Ireland and accommodates Roman Catholic children.)
- (4) Defective hearing—1 Nursery/Infant Day School, 1 Day School and 1 Day/Boarding School for the partially deaf and 2 Day/Boarding Schools for the deaf. In addition, teachers from the Speech Reading Unit visit ordinary schools to give speech-reading instruction and auditory training to pupils not sufficiently deaf to require teaching by deaf methods.
- (5) Mentally handicapped and deaf—1 class in a Day School (Rottenrow).

At 30th June, 1959, the number of children receiving special educational treatment in schools administered by the Corporation was as given below :—

Physically handicapped children, 478 ; children with hearing defects, 283 ; children with defects of vision, 99 ; mentally handicapped (educable) children, 2,652 ; mentally handicapped (trainable) children, 476 ; total 3,988. This total compares with 4,137 in 1958 and 4,325 in 1957.

Children who are classified as handicapped are required statutorily to remain at school until the leaving date following their sixteenth birthday.

Children from the age of 2 years are medically examined at the parents' request when disabilities are suspected. An advisory centre is available at the nursery/infant day school where parents of very young deaf children are given help and advice on their children's training. Blind and deaf children are admitted to school from the age of 2 years if considered fit to profit from appropriate education. For all other categories the age of entry to school is 5 years.

School Medical Officers re-examine handicapped children at intervals to ascertain progress and to recommend, where possible, transfer to ordinary school. In addition, consultant services are provided for children with defects of hearing or vision, for orthopaedic and heart cases and for spastics.

Hospital Schools. Tuition is given to individual pupils confined to bed and to convalescents in classrooms where facilities are available. These children are not classified as requiring special educational treatment and, on return home, they are re-admitted to their appropriate schools. The following is a list of the Hospital Schools with the number of pupils in each receiving tuition at 30th June, 1959.

Drumchapel Home (40) ; Lenzie Home (20) ; Mearns Kirk Hospital (114) ; Victoria Auxiliary Infirmary, Philipshill (28) ; Royal Hospital for Sick Children (82) ; Stobhill Hospital (72) ; and Strathblane Home (35).

HOME TUITION SCHEME.

This scheme, inaugurated in May, 1947, provides for the education of children with normal intelligence who, even with transport supplied, are unable to attend school because of severe physical disability. Suitable cases are included in the scheme on the recommendation of the Principal Medical Officer and certificated teachers visit the children in their homes for one hour on two evenings per week. These children are reviewed by School Medical Officers at intervals to note progress and to recommend, if considered advisable, attendance at school.

At 30th June, 1959, the number of children participating in the scheme was 36 and the main causes of incapacity were :—

Spina bifida, 6 ; blindness with additional physical handicap, 3 ; muscular dystrophy, 5 ; heart diseases, 5 ; incontinence, 3 ; lung conditions, 2 ; miscellaneous, 12.

EXAMINATION AND AFTER-CARE OF MENTALLY HANDICAPPED CHILDREN.

The number of children specially examined by School Medical Officers during the year regarding *mental defects* was as follows :—

		1959			1958	1957
		Boys	Girls	Totals	Totals	Totals
First Examinations	...	302	191	493	431	542
Re-examinations	...	1,187	863	2,050	2,169	2,229
		<u>1,489</u>	<u>1,054</u>	<u>2,543</u>	<u>2,600</u>	<u>2,771</u>

Provision for After-Care in terms of the National Health Service (Scotland) Act, 1947, was continued throughout the year by the Health and Welfare Department.

In addition to the foregoing provision, Glasgow children in need of specialised care and attention were accommodated and educated at the following Centres not under the management of the Corporation :—

Biggart Memorial Home, Prestwick—40 physically handicapped children requiring nursing care.

Coltness House, Wishaw—4 severely physically handicapped boys.

Eastpark Homes, Glasgow and Largs—42 severely physically handicapped children requiring long-term nursing care.

The Colony for Epileptics, Bridge of Weir—10 Protestant children suffering from serious epilepsy.

The Royal Blind School, Edinburgh—39 Protestant blind children.

The Mary Hare Grammar School for the Deaf, Newbury—1 deaf boy receiving academic secondary education.

Burwood Park Secondary-Technical School, Walton-on-Thames, Surrey—1 profoundly deaf boy.

The Rudolf Steiner Schools, Aberdeenshire—1 Protestant mentally handicapped boy with additional severe physical handicap.

Lennox Castle Certified Institution—17 mentally handicapped boys (Protestant and Roman Catholic), aged 12-16 years.

Royal Scottish National Institution, Larbert—15 mentally handicapped boys and girls (Protestant).

St. Charles' Certified Institution, Carstairs—47 Roman Catholic mentally handicapped children.

St. Joseph's Certified Institution, Rosewell—5 Roman Catholic mentally handicapped children with severe physical handicap.

Waverley Park Certified Institution, Kirkintilloch—22 Protestant mentally handicapped girls.

Birkwood Certified Institution, Lesmahagow—7 Protestant mentally handicapped children.

Caldwell House Certified Institution, Uplawmoor—4 Protestant mentally handicapped children.

(b) MALADJUSTED CHILDREN

CHILD GUIDANCE.

The Child Guidance Clinics dealt with 3,126 children as compared with 3,035 in the preceding year. These children showed one or more of the following symptoms :—

Emotional disorders (general instability, anxiety and obsessional states, night terrors and sleep walking, enuresis and soiling, emotional retardation and regression, psychopathic personalities)—1,393 instances; *behaviour disturbances* (unmanageable behaviour, aggression and temper tantrums, sadistic tendencies, exhibitionism, truancy and wandering)—730; *delinquency* (theft, lying, malicious mischief and sexual offences)—417; *educational disability* (general backwardness and specific disability)—811. Of these children, 95 were given residential treatment at Nerston Residential Clinic as compared with 101 in the preceding Session.

Further information can be found in the report issued annually by the Education Department.

(c) RESIDENTIAL SCHOOLS

The Centres outwith the City are listed below along with the accommodation available for pupils. Periods of residence vary according to the needs of the individual child and average four weeks for the normal child, four to six weeks for convalescents, two weeks for nursery children and three to nine months for those admitted to Nerston.

(i) NORMAL.

Achnamara, Lochgilphead	...	48 Protestant boys and girls (12-15 years).
Dalguise, near Dunkeld	... ..	48 Roman Catholic boys and girls (Primary V, VI and VII).
Galloway, Wigtown	... ..	112 Protestant boys and girls (Primary V, VI and VII).

(ii) CONVALESCENT.

Agnes Patrick/Stevenson, Ascog	...	58 Roman Catholic boys and girls (8-15 years).
Caol Ruadh, Colintraipe	... ..	36 Protestant boys (8-15 years).
Castle Toward, by Dunoon	...	100 Protestant boys and girls (8-15 years).
Craig, Kilmarnock	... ..	56 Roman Catholic boys (5-12 years).
Hillfoot, Bearsden	... ..	65 Protestant girls (5-12 years).
Lumsden, Maybole	... ..	29 Roman Catholic girls (5-12 years).
Seafield, Ardrossan	... ..	65 Protestant boys (5-12 years).
South Park, Ascog	... ..	28 Protestant girls (5-15 years).

(iii) MALADJUSTED.

Nerston, East Kilbride	40 Protestant and Roman Catholic boys and girls (5-16 years).
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(iv) NURSERY.

Southannan, Fairlie	36 Protestant and Roman Catholic boys and girls (2-5 years).
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9.—ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE

A shortage of staff during the Session resulted in a lack of continuity of the subject in certain secondary schools and in a curtailment of the usual visitation of primary schools by Principal Teachers with consequent loss of the valuable assistance and advice given by them. This was particularly unfortunate at a time when an added interest had been given to the subject in the primary schools by a display given

in the Lyric Theatre and a conference on the syllabus which was held in the Jordanhill Training Centre, in both of which many of the Glasgow pupils took part. These events, together with the introduction of mats, benches and the Kelvin frame had increased the need and the demand for demonstration lessons. Nevertheless much progress had been made, and two films of work in the primary school had been produced.

Where facilities for swimming were available pupils, secondary and primary, attended Corporation baths and school ponds for instruction in swimming. The facilities had been increased by the opening of St. Cuthbert's School pond, but the shortage of swimming accommodation was particularly apparent in the new housing areas where there was no provision for swimming baths except for those planned in some of the newer secondary schools.

Instruction in Personal Hygiene and simple First Aid received an additional impetus from a course of five lectures given to teachers of physical education by Dr. Mearns, Medical Adviser to the Scottish Council for Health Education. The provision in the new schools of spray baths, in addition to existing arrangements for sprays, with the constant emphasis on health education at all stages of the school life of the pupils would go a long way towards the inculcation of health-giving habits amongst pupils. Much remained to be done in many of the schools, however, to improve the conditions in which some of the pupils spend their school life.

Three Mobile Spray Bath Units continued to function, visiting thirteen schools. An overall average of 143 baths daily was provided and a total of 74,724 baths was given in the complete year.

10.—ARRANGEMENTS FOR FEEDING AND CLOTHING OF CHILDREN

(a) ADMINISTRATION AND NATURE OF MEALS

The School Meals Service is under the direction of the Organiser and a staff of 1 Depute and 4 Assistant Organisers whose duties include the close supervision of the day-to-day work in Kitchens and Dining Rooms. The new policy of the Scottish Education Department in providing small kitchens attached to schools in preference to large central kitchens which involve the transporting of meals is resulting in an improved quality of meal.

Great care is taken to ensure that meals are varied and palatable, and contain adequate protein, fat and carbohydrate. Where necessary, special diets are provided, e.g. for children suffering from gastric and kidney troubles, coeliac disease and diabetes. Close co-operation is maintained with the School Health Service on these and other matters relating to the health of the children.

The advent of the Food Hygiene (Scotland) Regulations, 1959, may require minor structural changes and will place greater responsibilities on staff in matters affecting hygiene. Recently an agreement was entered into with the Health and Welfare Department for regular visits to be made to School Meals Service premises in order to guard against the possibility of infestation by vermin, etc.

At 31st July, 1959, there were 73 kitchens preparing meals for school children. In addition, one kitchen supplied Kosher meals to Jewish children. On an average day in March, 1959 (Friday, 6th March) the total number of meals served was 60,044, of which 58,590 were dinners. Of the meals supplied 16,411 were free.

The meals were served in 386 dining rooms, 325 of which were on school premises, the remainder being in church and other halls. Some of these halls, though being far from ideal, are the only available accommodation. The position is constantly under review and wherever possible improved conditions are obtained.

(b) NUMBER AND COST OF MEALS

The numbers of meals prepared in Kitchens during the years ended 31st May, 1957, 1958 and 1959 were as follows :—

Year Ending	Breakfasts	Dinners	Teas	Totals
31st May, 1957 ...	242,496	14,351,824	1,231,571	15,825,891
31st May, 1958 ...	221,554	12,058,432	1,389,926	13,669,912
31st May, 1959 ...	199,307	12,958,581	1,123,707	14,281,595

Dinners only were supplied to pupils of ordinary schools and schools for handicapped children. In nursery schools, dinners and teas were served, while Health and Welfare day nurseries received breakfasts, dinners and teas. During holiday periods, meals were

supplied to children entitled to free meals, to children who held tickets purchased at partial remission rates, and, since the summer holiday period of 1957, to children whose parents or guardians were unable to make suitable arrangements to provide a mid-day meal, thereby avoiding hardship to the children.

Weekly tickets are purchased by pupils requiring dinners in schools at the following prices :—

For 5 meals per week—4s. 9d. for the first child of a family, 4s. 4d. for the second, and 3s. 11d. for the third and subsequent children ; equivalent prices for 6 dinners are 5s. 7d., 5s. 2d. and 4s. 9d. Remission rates of 3s. 11d., 3s., 2s. or 1s. (based on family income) are charged for a ticket valid for 6 dinners per week, the price being the same for each member of the family.

In schools for handicapped children, the prices are 1s. 10d. and 2s. 1d. for 5 and 6 dinners respectively, or at remission rates for 6 dinners of 2s. and 1s.

(c) FOOTWEAR AND CLOTHING

During the year 1st June, 1958, to 31st May, 1959, 1,283 children were provided with footwear and clothing as compared with 904 during the previous twelve months. The undertaking given by the National Assistance Board to accept responsibility for the clothing needs of children of their dependants continued satisfactorily.

(d) MILK SUPPLY TO SCHOOL CHILDREN

The total number of milk rations during the year ending 31st July, 1959, was 35,852,292, compared with 35,394,054 in 1958. The most recent census figures showed that 88·13 per cent. of the children on the registers in September, 1958, were taking school milk compared with 80·59 per cent. in September, 1957.

Food inspectors of the Health and Welfare Department took 192 samples of pasteurised milk for examination and of that number 9 failed to pass the coliform test. The average composition of samples was satisfactory at 3·69 per cent. milk fat and 8·79 per cent. non-fatty solids. Of 48 samples supplied for biological examination as to the presence of tubercle, all were found to be negative.

STATISTICAL AND OTHER APPENDICES

TABLE I.—TOTAL NUMBER OF CHILDREN EXAMINED AT :

(A) (a) SYSTEMATIC EXAMINATIONS, i.e., the main groups recommended for the session (see page 13), and (b) OTHER SYSTEMATIC EXAMINATIONS, i.e., children missed at recommended age groups or otherwise outwith these groups.

GROUP	1959			1958	1957
	Boys	Girls	Totals	Totals	Totals
(a) Entrants	9,036	8,628	17,664	17,710	17,635
Second Age Group ...	8,099	7,798	15,897	16,495	18,500
Third Age Group ...	7,151	6,770	13,921	15,161	15,732
Fourth Age Group ...	1,062	776	1,838	1,439	1,355
	25,348	23,972	49,320	50,805	53,222
(b) Others	618	607	1,225	1,116	748
Totals ...	25,966	24,579	50,545	51,921	53,970

For age distribution of these children see Appendix Ib on page 60.

In addition to these numbers of children, the following were examined in the course of Systematic Inspection of the pupils at Special Schools and Classes :—

GROUP	1959			1958	1957
	Boys	Girls	Totals	Totals	Totals
Physically handicapped children	112	105	217	236	311
Mentally handicapped children	423	297	720	904	864
Totals ...	535	402	937	1,140	1,175

(B) OTHER EXAMINATIONS :—

GROUP	1959	1958	1957
(i) <i>In Schools—</i>			
Systematic Inspection of Nursery School Children	1,056	1,088	997
Other Examinations in Nursery Schools (including abnormals)	2,043	1,858	2,089
1951 age-group (Visual Acuity and Hearing only)—(by school nurses)	15,168	14,448	15,404
Special Cases (in respect of particular defects)	18,091	17,439	18,067
Re-inspections by Medical Officers	18,316	21,660	25,563
Leaving Interviews	10,205	9,696	10,426
Examinations regarding Mental Defect	2,543	2,600	2,771
Discharges in Special Schools and Classes	119	80	99
Five-year-olds (Visual Acuity only)—(by school nurses)	—	2,174	—
Totals	67,541	71,043	75,416
(ii) <i>Mainly at Clinics—</i>			
Applicants for preliminary training as Teachers	—	2	—
Applicants for Licences under the Corporation Bye-laws for the Employment of Children	603	652	665
Adult Employees of the Corporation	1,089	881	1,043
Candidates for Printers' Apprenticeships	120	120	182
Children as to fitness for camps, etc.— Harvesters, etc.	—	—	1,517
School and Junior Club groups	10,808	8,711	10,897
Children as to fitness for School Journeys abroad, Educational Excursions, etc.	5,045	4,954	5,129
Children as to fitness for admission to and dismissal from Residential Schools and Institutions	11,915	10,805	10,223
Pre-vocational Students	729	589	620
Other Special Cases	71	74	44
Examinations in Remand Home	4,307	3,907	3,106
Totals	34,687	30,695	33,426
(iii) <i>Cleanliness and Special Examinations—</i>			
* Cleanliness inspections—(by school nurses)	150,630	148,248	157,851

* In addition, Nurse Inspectresses of the Sanitary Divisions made 117,815 cleanliness inspections in 964 visits to 103 schools (see page 85).

APPENDIX Ia.—NOTIFICATION TO PARENTS.

The numbers and percentages of individual children inspected at systematic examinations who were notified to parents as requiring treatment for conditions other than (a) defects of clothing or cleanliness (including pediculosis) and (b) minor defects, were as follows :—

Group	1959			1958	1957
	Boys	Girls	Totals	Totals	Totals
Entrants	3,245 (35·9)	2,975 (34·5)	6,220 (35·2)	6,508 (36·7)	6,460 (36·6)
2nd Age Group	2,348 (29·0)	2,316 (29·7)	4,664 (29·3)	5,101 (30·9)	5,260 (28·4)
3rd Age Group	1,302 (18·2)	1,765 (26·1)	3,067 (22·0)	3,116 (20·6)	3,521 (22·4)
4th Age Group	119 (11·2)	157 (20·2)	276 (15·0)	228 (15·8)	202 (14·9)
Others	156 (25·2)	157 (25·8)	313 (25·6)	296 (26·5)	181 (24·2)
Totals ...	7,170 (27·6)	7,370 (30·0)	14,540 (28·8)	15,249 (29·4)	15,624 (28·9)

The numbers and percentages of cases in which intimation was made to parents verbally or by card, together with information as to similar intimations in respect of clothing, cleanliness, and/or minor dental defects will be found in Appendix IIa on page 70.

APPENDIX Ib.—AGE DISTRIBUTION OF CHILDREN

(a) Children within groups recommended

(b) Children outwith groups

† Entrants-Infants.

Ages			4	5	6	7	8
BOYS.							
Non-transferred Schools	(a) ...		175	5,578	136	11	2
Do.	(b) ...		—	—	—	44	34
Transferred Schools	(a) ...		102	2,896	124	12	—
Do.	(b) ...		—	—	—	15	15
Totals	(a) ...		277	8,474	260	23	2
Do.	(b) ...		—	—	—	59	49
Totals, 1959	... ..		277	8,474	260	82	51
Totals, 1958	... ..		308	8,339	346	133	48
GIRLS.							
Non-transferred Schools	(a) ...		129	5,321	132	14	3
Do.	(b) ...		—	—	—	38	29
Transferred Schools	(a) ...		80	2,856	84	6	3
Do.	(b) ...		—	—	14	10	15
Totals	(a) ...		209	8,177	216	20	6
Do.	(b) ...		—	—	14	48	44
Totals, 1959	... ..		209	8,177	230	68	50
Totals, 1958	... ..		262	7,905	329	94	39
ALL							
Totals	(a) ...		486	16,651	476	43	8
Do.	(b) ...		—	—	14	107	93
Totals, 1959	... ..		486	16,651	490	150	101
Totals, 1958	... ..		570	16,244	675	227	87

† This grouping applies only to

AT DATE OF SYSTEMATIC EXAMINATION.

for the session (as indicated by brackets),
recommended for the session.

† Second Age Group. †Third Age Group. † Fourth Age Group.

8	9	10	11	12	13	14	15	16	17	18	19	Totals
299	4,594	629	—	368	4,235	360	22	648	141	—	—	17,198
—	11	76	70	38	15	42	26	1	1	1	—	359
180	2,096	301	—	160	1,835	193	6	186	59	—	—	8,150
—	34	63	38	17	6	45	24	1	—	—	1	259
479	6,690	930	—	528	6,070	553	28	834	200	—	—	25,348
—	45	139	108	55	21	87	50	2	1	1	1	618
479	6,735	1,069	108	583	6,091	640	78	836	201	1	1	25,966
352	7,019	1,221	111	516	6,458	852	80	548	208	1	—	26,540
192	4,271	747	—	354	4,076	346	35	465	110	—	—	16,195
—	10	60	96	40	7	77	49	2	—	2	—	410
86	2,069	433	—	224	1,654	116	8	130	28	—	—	7,777
—	20	35	16	12	2	29	29	—	7	8	—	197
278	6,340	1,180	—	578	5,730	462	43	595	138	—	—	23,972
—	30	95	112	52	9	106	78	2	7	10	—	607
278	6,370	1,275	112	630	5,739	568	121	597	145	10	—	24,579
265	6,514	1,495	106	570	6,342	762	66	456	167	9	—	25,381
757	13,030	2,110	—	1,106	11,800	1,015	71	1,429	338	—	—	49,320
—	75	234	220	107	30	193	128	4	8	11	1	1,225
757	13,105	2,344	220	1,213	11,830	1,208	199	1,433	346	11	1	50,545
617	13,533	2,716	217	1,086	12,800	1,614	146	1,004	375	10	—	51,921

the (a) lines on the table.

TABLE II.—SYSTEMATIC EXAMINATION OF CHILDREN IN ORDINARY SCHOOLS.

NUMBERS AND PERCENTAGES OF CHILDREN SUFFERING FROM DEFECTS.

An individual child may appear in several sections but only once in any section, i.e., only the child's major defect in any section is recorded—any minor defects in the same section are ignored in this table. "Sections" are indicated by the horizontal lines across the columns, and the section totals give the numbers of individual children having at least one defect in that section.

Age Groups	Entrants.		2nd age group.		3rd age group.		4th age group.		All ages.		1959	1958	1957
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Totals.	Totals.	Totals.
Number examined	9,036	8,628	8,099	7,798	7,151	6,770	1,062	776	25,966	24,579	50,545	51,921	53,970
1. CLOTHING	Nature of defects found												
	{ Insufficient												
	{ Ragged												
	{ Dirty												
Totals		9	11	13	10	13	—	—	31	36	67	68	79
2. FOOTGEAR	Unsatisfactory												
	{ None												
	{ None												
	{ None												
Totals		6	18	9	4	3	—	—	28	14	42	31	47
3. UNCLEANNELINESS	Dirty												
	{ Nits												
	{ Vermineous												
	{ Dirty												
Totals		7	18	9	4	3	—	—	29	14	43	33	47
(a) Head	Dirty												
	{ Nits												
	{ Vermineous												
	{ Dirty												
Totals		1	—	3	2	1	—	—	3	6	9	4	16
(b) Body	Dirty												
	{ Nits												
	{ Vermineous												
	{ Dirty												
Totals		381	329	1,096	119	948	—	—	860	3,015	3,875	4,301	4,915
Totals	None												
	{ None												
	{ None												
	{ None												
Totals		405	347	1,120	130	967	—	—	914	3,074	3,988	4,400	5,030

4. SKIN		...	—	—	—	—	1 (0.0)	—	—	—	1 (0.0)	—	—	1 (0.0)	—	1 (0.0)	3 (0.0)	5 (0.0)
(a) Head	Ringworm	...	—	—	—	—	8 (0.1)	6 (0.1)	—	—	61 (0.2)	32 (0.1)	—	93 (0.2)	109 (0.2)	121 (0.2)	109 (0.2)	121 (0.2)
	Impetigo	...	26 (0.3)	14 (0.2)	24 (0.3)	12 (0.2)	3 (0.0)	1 (0.0)	—	—	21 (0.1)	9 (0.0)	—	30 (0.1)	21 (0.0)	21 (0.0)	21 (0.0)	21 (0.0)
	Injuries	...	13 (0.1)	8 (0.1)	5 (0.1)	—	33 (0.5)	76 (1.1)	—	—	163 (0.6)	167 (0.7)	—	330 (0.7)	354 (0.7)	261 (0.5)	354 (0.7)	261 (0.5)
	Others	...	61 (0.7)	43 (0.5)	56 (0.7)	31 (0.4)	—	3 (0.0)	10 (0.9)	11 (1.4)	4 (0.0)	6 (0.0)	—	10 (0.0)	11 (0.0)	7 (0.0)	11 (0.0)	7 (0.0)
	Ringworm	...	3 (0.0)	—	1 (0.0)	2 (0.0)	—	1 (0.0)	—	—	32 (0.1)	17 (0.1)	—	49 (0.1)	47 (0.1)	46 (0.1)	47 (0.1)	46 (0.1)
(b) Body	Impetigo	...	17 (0.2)	5 (0.1)	10 (0.1)	10 (0.1)	2 (0.0)	1 (0.0)	—	—	32 (0.1)	17 (0.1)	—	49 (0.1)	47 (0.1)	46 (0.1)	47 (0.1)	46 (0.1)
	Scabies	...	23 (0.3)	22 (0.3)	20 (0.2)	20 (0.3)	17 (0.2)	10 (0.1)	—	—	61 (0.2)	53 (0.2)	—	114 (0.2)	62 (0.1)	65 (0.1)	62 (0.1)	65 (0.1)
	Injuries	...	20 (0.2)	12 (0.1)	21 (0.3)	3 (0.0)	21 (0.3)	5 (0.1)	1 (0.1)	—	63 (0.2)	20 (0.1)	—	83 (0.2)	42 (0.1)	55 (0.1)	42 (0.1)	55 (0.1)
	Others	...	230 (2.5)	213 (2.5)	178 (2.2)	167 (2.1)	93 (1.3)	186 (2.7)	19 (1.8)	27 (3.5)	531 (2.0)	613 (2.5)	—	1,144 (2.3)	1,004 (1.9)	969 (1.8)	1,004 (1.9)	969 (1.8)
	Totals	...	393 (4.3)	317 (3.7)	315 (3.9)	245 (3.1)	178 (2.5)	288 (4.3)	30 (2.8)	39 (5.0)	937 (3.6)	917 (3.7)	—	1,854 (3.7)	1,653 (3.2)	1,550 (2.9)	1,653 (3.2)	1,550 (2.9)
5. NUTRITION		...	242 (2.7)	460 (5.3)	230 (2.8)	253 (3.2)	106 (1.5)	80 (1.2)	2 (0.2)	—	588 (2.3)	802 (3.3)	—	1,390 (2.7)	1,457 (2.8)	1,712 (3.2)	1,457 (2.8)	1,712 (3.2)
Totals	Slightly defective	...	2 (0.0)	3 (0.0)	4 (0.0)	6 (0.1)	3 (0.0)	3 (0.0)	—	—	9 (0.0)	15 (0.1)	—	24 (0.0)	12 (0.0)	13 (0.0)	12 (0.0)	13 (0.0)
	Bad	...	244 (2.7)	463 (5.4)	234 (2.9)	259 (3.3)	109 (1.5)	83 (1.2)	2 (0.2)	—	597 (2.3)	817 (3.3)	—	1,414 (2.8)	1,469 (2.8)	1,725 (3.2)	1,469 (2.8)	1,725 (3.2)
6. MOUTH AND TEETH UNHEALTHY		...	143 (1.6)	137 (1.6)	107 (1.3)	92 (1.2)	74 (1.0)	130 (1.9)	5 (0.5)	1 (0.1)	340 (1.3)	365 (1.5)	—	705 (1.4)	709 (1.4)	893 (1.7)	709 (1.4)	893 (1.7)

TABLE II—Continued.

Age Groups	Entrants.		2nd age group.		3rd age group.		4th age group.		All ages.		1959	1958	1957
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Totals.	Totals.	Totals.
7. NASO PHARYNX													
(a) <i>Nose</i>													
Obstruction—for observation	139 (1·5)	102 (1·2)	61 (0·8)	30 (0·4)	19 (0·3)	6 (0·1)	—	2 (0·3)	221 (0·9)	140 (0·6)	361 (0·7)	337 (0·6)	322 (0·6)
Obstruction—for operation	91 (1·0)	49 (0·6)	33 (0·4)	15 (0·2)	6 (0·1)	5 (0·1)	—	—	134 (0·5)	70 (0·3)	204 (0·4)	168 (0·3)	201 (0·4)
Catarrh	72 (0·8)	53 (0·6)	60 (0·7)	43 (0·6)	32 (0·4)	38 (0·6)	4 (0·4)	2 (0·3)	171 (0·7)	137 (0·6)	308 (0·6)	337 (0·6)	268 (0·5)
Other conditions	29 (0·3)	18 (0·2)	29 (0·4)	11 (0·1)	6 (0·1)	17 (0·3)	—	1 (0·1)	66 (0·3)	50 (0·2)	116 (0·2)	116 (0·2)	77 (0·1)
(b) <i>Throat</i>													
Tonsils—for observation	702 (7·8)	694 (8·0)	258 (3·2)	292 (3·7)	78 (1·1)	164 (2·4)	—	6 (0·8)	1,058 (4·1)	1,174 (4·8)	2,232 (4·4)	2,353 (4·5)	2,335 (4·3)
Tonsils—for operation	376 (4·2)	353 (4·1)	130 (1·6)	172 (2·2)	23 (0·3)	72 (1·1)	1 (0·1)	—	538 (2·1)	608 (2·5)	1,146 (2·3)	1,107 (2·1)	1,245 (2·3)
Other conditions	6 (0·1)	2 (0·0)	1 (0·0)	3 (0·0)	1 (0·0)	4 (0·1)	—	—	9 (0·0)	9 (0·0)	18 (0·0)	24 (0·0)	36 (0·1)
(c) <i>Glands</i>													
For observation	69 (0·8)	51 (0·6)	26 (0·3)	23 (0·3)	3 (0·0)	6 (0·1)	—	—	99 (0·4)	81 (0·3)	180 (0·4)	177 (0·3)	186 (0·3)
For operation	1 (0·0)	1 (0·0)	—	—	—	—	—	—	2 (0·0)	1 (0·0)	3 (0·0)	—	1 (0·0)
Totals	1,485 (16·4)	1,323 (15·3)	598 (7·4)	589 (7·6)	168 (2·3)	312 (4·6)	5 (0·5)	11 (1·4)	2,298 (8·8)	2,270 (9·2)	4,568 (9·0)	4,619 (8·9)	4,671 (8·7)
8. EYES													
(a) <i>External Diseases</i>													
Blepharitis	77 (0·9)	77 (0·9)	100 (1·2)	122 (1·6)	62 (0·9)	91 (1·3)	4 (0·4)	3 (0·4)	249 (1·0)	303 (1·2)	552 (1·1)	562 (1·1)	529 (1·0)
Conjunctivitis	12 (0·1)	10 (0·1)	9 (0·1)	13 (0·2)	5 (0·1)	8 (0·1)	—	—	26 (0·1)	33 (0·1)	59 (0·1)	62 (0·1)	88 (0·2)
Corneal opacities	4 (0·0)	4 (0·0)	4 (0·0)	1 (0·0)	3 (0·0)	1 (0·0)	—	—	13 (0·1)	6 (0·0)	19 (0·0)	20 (0·0)	2 (0·0)
Strabismus	435 (4·8)	356 (4·1)	193 (2·4)	205 (2·6)	103 (1·4)	88 (1·1)	4 (0·4)	3 (0·4)	747 (2·9)	669 (2·7)	1,416 (2·8)	1,459 (2·8)	1,574 (2·9)
Other diseases	30 (0·3)	27 (0·3)	19 (0·2)	18 (0·2)	18 (0·3)	17 (0·3)	1 (0·1)	—	71 (0·3)	65 (0·3)	136 (0·3)	146 (0·3)	148 (0·3)
Totals	558 (6·2)	474 (5·5)	325 (4·0)	359 (4·6)	191 (2·7)	295 (1·0)	9 (0·5)	6 (0·5)	1,106 (1·4)	1,076 (1·4)	2,182 (1·4)	2,249 (1·4)	2,352 (1·4)

8. EYES

(b) Visual acuity (Snellen)*

Fair, 6/9 or 6/12 ...	—	—	750 (9·3)	812 (10·4)	586 (8·2)	715 (10·6)	98 (9·2)	81 (10·4)	1,496 (8·8)	1,658 (10·4)	3,154 (9·6)	3,478 (10·2)	3,691 (10·2)
Bad, 6/18 or worse ...	—	—	149 (1·8)	165 (2·1)	191 (2·7)	233 (3·4)	24 (2·3)	22 (2·8)	377 (2·2)	437 (2·7)	814 (2·5)	891 (2·6)	884 (2·4)
Totals ...	—	—	899 (11·1)	977 (12·5)	777 (10·9)	948 (14·0)	122 (11·5)	103 (13·3)	1,873 (11·1)	2,095 (13·1)	3,968 (12·1)	4,369 (12·8)	4,575 (12·6)
Recommended for Refraction	164 (1·8)	118 (1·4)	374 (4·6)	386 (4·9)	293 (4·1)	425 (6·3)	29 (2·7)	29 (3·7)	889 (3·4)	983 (4·0)	1,872 (3·7)	1,709 (3·3)	1,939 (3·6)
Recommended for Re-test ...	6 (0·1)	3 (0·0)	135 (1·7)	165 (2·1)	119 (1·7)	228 (3·4)	11 (1·0)	11 (1·4)	280 (1·1)	416 (1·7)	696 (1·4)	513 (1·0)	662 (1·2)
Totals ...	170 (1·9)	121 (1·4)	509 (6·3)	551 (7·1)	412 (5·8)	653 (9·6)	40 (3·8)	40 (5·2)	1,169 (4·5)	1,399 (5·7)	2,568 (5·1)	2,222 (4·3)	2,601 (4·8)
9. EARS													
(a) Diseases													
Otorrhoea ...	45 (0·5)	47 (0·5)	45 (0·6)	46 (0·6)	54 (0·8)	27 (0·4)	1 (0·1)	1 (0·1)	148 (0·6)	114 (0·5)	262 (0·5)	309 (0·6)	374 (0·7)
Other diseases ...	14 (0·2)	12 (0·1)	10 (0·1)	12 (0·2)	11 (0·2)	8 (0·1)	—	—	38 (0·1)	48 (0·2)	86 (0·2)	93 (0·2)	108 (0·2)
(b) Defective hearing													
Grade I—For ordinary class	33 (0·4)	24 (0·3)	34 (0·4)	34 (0·4)	29 (0·4)	41 (0·6)	5 (0·5)	1 (0·1)	105 (0·4)	160 (0·6)	265 (0·5)	210 (0·4)	197 (0·4)
„ IIa—For front seat ...	2 (0·0)	4 (0·0)	15 (0·2)	6 (0·1)	23 (0·3)	14 (0·2)	3 (0·3)	—	45 (0·2)	80 (0·3)	125 (0·2)	53 (0·1)	84 (0·2)
„ IIb—For class for semi-deaf ...	2 (0·0)	—	—	—	—	—	—	—	2 (0·0)	10 (0·0)	12 (0·0)	1 (0·0)	—
„ III—For deaf class ...	—	—	—	—	—	—	—	—	—	11 (0·0)	11 (0·0)	4 (0·0)	1 (0·0)
Totals ...	96 (1·1)	87 (1·0)	104 (1·3)	98 (1·3)	117 (1·6)	90 (1·3)	9 (0·8)	3 (0·4)	338 (1·3)	423 (1·7)	761 (1·5)	670 (1·3)	764 (1·4)

* The record of defective vision applies to the better eye, and is with spectacles if worn at examination. The figures do not include entrants, as they cannot be examined by means of test types. The percentages given, therefore, relate to the children outwith the entrants group: 32,871 children in all—9 cases fewer than the total number examined outwith the "entrants" age group. (See, however, Appendix IIb, page 72, for the results of examination of children born in 1951.)

TABLE II—Continued.

Age Groups	Entrants.		2nd age group.		3rd age group.		4th age group.		All ages.		1959	1958	1957
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Totals.	Totals.	Totals.
10. SPEECH													
Defective articulation ...	171 (1·9)	88 (1·0)	36 (0·4)	13 (0·2)	8 (0·1)	7 (0·1)	—	—	216 (0·8)	220 (0·9)	436 (0·9)	274 (0·5)	311 (0·6)
Stammering ...	17 (0·2)	8 (0·1)	25 (0·3)	11 (0·1)	19 (0·3)	8 (0·1)	3 (0·3)	1 (0·1)	67 (0·3)	27 (0·1)	94 (0·2)	93 (0·2)	111 (0·2)
Totals ...	188 (2·1)	96 (1·1)	61 (0·8)	24 (0·3)	27 (0·4)	15 (0·2)	3 (0·3)	1 (0·1)	283 (1·1)	247 (1·0)	530 (1·0)	367 (0·7)	422 (0·8)
11. MENTAL AND NERVOUS CONDITION													
Backward ...	6 (0·1)	4 (0·0)	10 (0·1)	6 (0·1)	—	—	—	—	17 (0·1)	10 (0·0)	27 (0·1)	24 (0·0)	34 (0·1)
Dull ...	1 (0·0)	2 (0·0)	2 (0·0)	1 (0·0)	1 (0·0)	—	—	—	4 (0·0)	3 (0·0)	7 (0·0)	26 (0·1)	30 (0·1)
Mentally handicapped (educable)	1 (0·0)	—	—	—	1 (0·0)	1 (0·0)	—	—	2 (0·0)	1 (0·0)	3 (0·0)	—	4 (0·0)
" " (ineducable)	—	—	—	—	—	—	—	—	—	—	—	—	—
Highly nervous ...	23 (0·3)	19 (0·2)	21 (0·3)	12 (0·2)	5 (0·1)	8 (0·1)	—	—	50 (0·2)	44 (0·2)	94 (0·2)	117 (0·2)	118 (0·2)
Difficult in behaviour ...	10 (0·1)	1 (0·0)	2 (0·0)	1 (0·0)	—	—	—	—	12 (0·0)	2 (0·0)	14 (0·0)	11 (0·0)	15 (0·0)
Epilepsy (Mild) ...	18 (0·2)	10 (0·1)	9 (0·1)	9 (0·1)	9 (0·1)	12 (0·2)	1 (0·1)	1 (0·1)	28 (0·1)	34 (0·1)	72 (0·1)	60 (0·1)	58 (0·1)
" (Severe) ...	2 (0·0)	1 (0·0)	2 (0·0)	1 (0·0)	—	1 (0·0)	1 (0·1)	—	5 (0·0)	3 (0·0)	8 (0·0)	6 (0·0)	5 (0·0)
Totals ...	61 (0·7)	37 (0·4)	46 (0·6)	30 (0·4)	16 (0·2)	22 (0·3)	2 (0·2)	1 (0·1)	128 (0·5)	97 (0·4)	225 (0·4)	244 (0·5)	264 (0·5)

12. CIRCULATORY SYSTEM

12. CIRCULATORY SYSTEM															
(a) Organic Heart Disease															
Congenital	37 (0.4)	36 (0.4)	17 (0.2)	23 (0.3)	9 (0.1)	15 (0.2)	2 (0.2)	2 (0.3)	67 (0.3)	77 (0.3)	144 (0.3)	144 (0.3)	129 (0.2)
Acquired	8 (0.1)	5 (0.1)	11 (0.1)	9 (0.1)	25 (0.3)	21 (0.3)	4 (0.4)	2 (0.3)	49 (0.2)	38 (0.2)	87 (0.2)	78 (0.2)	100 (0.2)
(b) Functional Conditions															
...	115 (1.3)	104 (1.2)	49 (0.6)	54 (0.7)	30 (0.4)	36 (0.5)	1 (0.1)	3 (0.4)	197 (0.8)	200 (0.8)	397 (0.8)	422 (0.8)	421 (0.8)
Totals	160 (1.8)	145 (1.7)	77 (1.0)	86 (1.1)	64 (0.9)	72 (1.1)	7 (0.7)	7 (0.9)	313 (1.2)	315 (1.3)	628 (1.2)	644 (1.2)	650 (1.2)
13. LUNGS															
Chronic Bronchitis	20 (0.2)	18 (0.2)	13 (0.2)	9 (0.1)	16 (0.2)	6 (0.1)	1 (0.1)	—	52 (0.2)	34 (0.1)	86 (0.2)	90 (0.2)	95 (0.2)
Suspected Tuberculosis	6 (0.1)	5 (0.1)	9 (0.1)	8 (0.1)	7 (0.1)	10 (0.1)	1 (0.1)	3 (0.4)	25 (0.1)	30 (0.1)	55 (0.1)	64 (0.1)	102 (0.2)
Catarrh	486 (5.4)	386 (4.5)	223 (2.8)	157 (2.0)	94 (1.3)	88 (1.3)	2 (0.2)	—	817 (3.1)	645 (2.6)	1,462 (2.9)	1,462 (2.8)	1,501 (2.8)
Other diseases	9 (0.1)	13 (0.2)	4 (0.0)	7 (0.1)	4 (0.0)	4 (0.0)	1 (0.1)	—	19 (0.1)	24 (0.1)	43 (0.1)	43 (0.1)	32 (0.1)
Totals	521 (5.8)	422 (4.9)	249 (3.1)	181 (2.3)	121 (1.7)	108 (1.6)	5 (0.5)	3 (0.4)	913 (3.5)	733 (3.0)	1,646 (3.3)	1,659 (3.2)	1,730 (3.2)
14. DEFORMITIES															
(a) Congenital	66 (0.7)	53 (0.6)	43 (0.5)	28 (0.3)	36 (0.5)	31 (0.5)	4 (0.4)	2 (0.3)	153 (0.6)	116 (0.5)	269 (0.5)	302 (0.6)	289 (0.5)
(b) Acquired	9 (0.1)	8 (0.1)	23 (0.3)	16 (0.2)	8 (0.1)	18 (0.3)	3 (0.3)	2 (0.3)	45 (0.2)	45 (0.2)	90 (0.2)	63 (0.1)	65 (0.1)
Infantile Paralysis	37 (0.4)	22 (0.3)	26 (0.3)	12 (0.2)	18 (0.3)	1 (0.0)	—	—	84 (0.3)	35 (0.1)	119 (0.2)	150 (0.3)	140 (0.3)
Probable Rickets	3 (0.0)	2 (0.0)	1 (0.0)	—	2 (0.1)	1 (0.0)	—	—	6 (0.0)	3 (0.0)	9 (0.0)	7 (0.0)	11 (0.0)
Cerebral Palsy	127 (1.4)	79 (0.9)	87 (1.1)	108 (1.4)	98 (1.4)	85 (1.3)	12 (1.1)	7 (0.9)	328 (1.3)	289 (1.2)	617 (1.2)	683 (1.3)	711 (1.3)
Other causes	242 (2.7)	164 (1.9)	180 (2.2)	164 (2.1)	162 (2.3)	136 (2.0)	19 (1.8)	11 (1.4)	616 (2.4)	488 (2.0)	1,104 (2.2)	1,205 (2.3)	1,216 (2.3)
Totals	242 (2.7)	164 (1.9)	180 (2.2)	164 (2.1)	162 (2.3)	136 (2.0)	19 (1.8)	11 (1.4)	616 (2.4)	488 (2.0)	1,104 (2.2)	1,205 (2.3)	1,216 (2.3)

TABLE II—Continued.

Age Groups	...	...	Entrants.		2nd age group.		3rd age group.		4th age group.		All ages.		1959	1958	1957
			Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Totals.	Totals.	Totals.
15. INFECTIOUS DISEASES	...	...	5 (0.1)	5 (0.1)	—	1 (0.0)	—	1 (0.0)	—	—	6 (0.0)	8 (0.0)	14 (0.0)	20 (0.0)	31 (0.1)
16. ASTHMA	...	...	61 (0.7)	28 (0.3)	58 (0.7)	29 (0.4)	49 (0.7)	27 (0.4)	3 (0.3)	6 (0.8)	175 (0.7)	95 (0.4)	270 (0.5)	215 (0.4)	203 (0.4)
17. DIABETES	...	...	2 (0.0)	2 (0.0)	2 (0.0)	3 (0.0)	1 (0.0)	2 (0.0)	1 (0.1)	—	6 (0.0)	7 (0.0)	13 (0.0)	10 (0.0)	10 (0.0)
18. OTHER DISEASES OR DEFECTS	...	...	419 (4.6)	430 (5.0)	270 (3.3)	352 (4.5)	129 (1.8)	249 (3.7)	8 (0.8)	23 (3.0)	850 (3.3)	1,076 (4.4)	1,926 (3.8)	2,087 (4.0)	1,999 (3.7)

APPENDIX IIa.—ADDITIONAL INFORMATION REGARDING RESULTS OF SYSTEMATIC EXAMINATIONS. Except in respect of the dual information regarding children who wore glasses, no child appears more than once in each section. "Sections" are indicated by horizontal lines across the columns.

Age Groups	Entrants.		2nd age group.		3rd age group.		4th age group.		All ages.		1959	1958	1957
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Totals.	Totals.	Totals.
Parents present at examination ...	8,548 (94.6)	8,157 (94.5)	5,157 (63.7)	5,570 (71.4)	1,011 (14.1)	1,222 (18.0)	9 (0.8)	34 (4.4)	14,986 (57.7)	15,252 (62.1)	30,238 (59.8)	30,952 (59.6)	32,095 (59.5)
Children notified to parents as requiring treatment :— (a) Defects of clothing and/or cleanliness of the temporary teeth By printed notice. (b) Other defects ... By printed notice.	1,302 (14.4)	1,318 (15.3)	652 (8.1)	701 (9.0)	212 (3.0)	384 (5.7)	12 (1.1)	14 (1.8)	2,212 (8.5)	2,452 (10.0)	4,664 (9.2)	5,921 (11.4)	5,713 (10.6)
	180 (2.0)	302 (3.5)	206 (2.5)	391 (5.0)	168 (2.3)	423 (6.2)	3 (0.3)	1 (0.1)	575 (2.2)	1,156 (4.7)	1,731 (3.4)	1,968 (3.8)	2,368 (4.4)
	1,907 (21.1)	1,829 (21.2)	1,253 (15.5)	1,269 (16.3)	624 (8.7)	898 (13.3)	83 (7.8)	119 (15.3)	3,924 (15.1)	4,196 (17.1)	8,120 (16.1)	8,745 (16.8)	8,553 (15.8)
	1,338 (14.8)	1,146 (13.3)	1,095 (13.5)	1,047 (13.4)	678 (9.5)	867 (12.8)	36 (3.4)	38 (4.9)	3,246 (12.5)	3,174 (12.9)	6,420 (12.7)	6,504 (12.5)	7,071 (13.1)
Children noted for re-inspection :— (a) Defects of clothing, etc. (as above) ... (b) Other defects ...	903 (10.0)	1,045 (12.1)	538 (6.6)	774 (9.9)	200 (2.8)	746 (11.0)	7 (0.7)	9 (1.2)	1,676 (6.5)	2,632 (10.7)	4,308 (8.5)	5,322 (10.3)	5,424 (10.0)
	3,339 (37.0)	3,065 (35.5)	2,569 (31.7)	2,505 (32.1)	1,586 (22.2)	2,184 (32.3)	149 (14.0)	187 (24.1)	7,824 (30.1)	8,132 (33.1)	15,956 (31.6)	16,087 (31.0)	16,390 (30.4)
Children excluded from attendance at school ...	28 (0.3)	33 (0.4)	20 (0.2)	22 (0.3)	11 (0.2)	11 (0.2)	1 (0.1)	1 (0.1)	61 (0.2)	68 (0.3)	129 (0.3)	112 (0.2)	142 (0.3)
Children "free from defects" in terms of Table III :— (a) No recorded defect ... (b) Defects of clothing only ... (c) Defects of cleanliness only ... (d) Minor dental defect with or without clothing and/or cleanliness defect(s) ...	3,527 (39.0)	3,314 (38.4)	4,102 (50.6)	3,653 (46.8)	5,271 (73.7)	4,000 (59.1)	859 (80.9)	577 (74.4)	14,135 (54.4)	11,887 (48.4)	26,022 (51.5)	25,287 (48.7)	26,209 (48.6)
	2 (0.0)	1 (0.0)	8 (0.1)	1 (0.0)	3 (0.0)	—	—	—	14 (0.1)	2 (0.0)	16 (0.0)	23 (0.0)	12 (0.0)
	93 (1.0)	254 (2.9)	102 (1.3)	396 (5.1)	76 (1.1)	578 (8.5)	—	—	284 (1.1)	1,265 (5.1)	1,549 (3.1)	1,770 (3.4)	2,096 (3.9)
	1,812 (20.1)	1,775 (20.6)	1,099 (13.6)	1,021 (13.1)	2 (0.0)	—	2 (0.2)	—	2,941 (11.3)	2,822 (11.5)	5,763 (11.4)	6,955 (13.4)	7,361 (13.6)

APPENDIX IIB.—*VISUAL ACUITY AND HEARING OF CHILDREN BORN IN 1951.*

The testing for visual acuity and hearing of pupils approximately 7 years old was instituted in February, 1948, and has been included in the scheme of systematic inspection each year since that date. Nurses undertake the work—in addition to other duties which mainly relate to cleanliness inspection—and arrange with head teachers for dates and times mutually convenient.

The examination of this age-group in respect of the visual acuity is valuable in revealing defects which might not have become apparent before the routine medical inspection at 9 years of age, since school children in the Infant-Entrant group are not given a vision test. This is less applicable to hearing, as pupils in all age-groups have always been tested at routine medical inspection and, during the past few years, the audiometric survey in schools has taken care of the 8/9 year-olds.

In the course of testing the vision of these 7 year-olds, nurses make due allowance for the unfamiliarity of the children with their letters and for the nervousness and diffidence which are probably due to the absence of parents at the time of the examination. Care is also taken that children are not classed as “fair” merely because they are unable to identify all the letters. In testing for hearing, allowance is also made for some of the above-mentioned reasons and for the unfamiliarity of the children with the voice of the examiner. The results of these examinations, therefore, although not claimed as accurate assessments of the defects alleged to be found, are useful indications and provide additional means for revealing unsatisfactory conditions at an early stage.

Detailed results of inspection during the year 1959 are shown below and comparative totals for 1958 and 1957 are also given.

VISUAL ACUITY.

Result of Eyesight (Snellen) Test.

				No. and percentage				
				1959			1958	1957
				Boys	Girls	Totals	Totals	Totals
Children who wore glasses at examination.	{	With Glasses—						
		Good, 6/6	...	188	203	391	328	380
				(2.4)	(2.7)	(2.6)	(2.3)	(2.5)
		Fair, 6/9, 6/12	...	211	207	418	442	493
				(2.7)	(2.8)	(2.8)	(3.0)	(3.2)
		Bad, 6/18, etc.	...	34	33	67	83	96
				(0.4)	(0.4)	(0.4)	(0.6)	(0.6)
		Without Glasses—						
		Good, 6/6	...	70	87	157	147	184
		(0.9)	(1.2)	(1.0)	(1.0)	(1.2)		
	Fair, 6/9, 6/12	...	190	196	386	389	425	
			(2.4)	(2.6)	(2.5)	(2.7)	(2.7)	
	Bad, 6/18, etc.	...	173	160	333	317	360	
			(2.2)	(2.2)	(2.2)	(2.2)	(2.3)	
Children not wearing glasses at examination	{	Good, 6/6	...	5,453	5,072	10,525	9,598	9,951
				(70.3)	(68.5)	(69.4)	(66.4)	(64.6)
		Fair, 6/9, 6/12	...	1,426	1,430	2,856	2,902	3,290
				(18.4)	(19.3)	(18.8)	(20.1)	(21.3)
		Bad, 6/18, etc.	...	449	462	911	1,095	1,194
				(5.8)	(6.2)	(6.0)	(7.6)	(7.7)
		Totals		...	7,761	7,407	15,168	14,448	15,404

Summary of findings (taking the better eye and with spectacles if worn at examination) :—

				No. and percentage.				
				1959			1958	1957
				Boys	Girls	Totals	Totals	Totals
Good, 6/6	...	...	...	5,641	5,275	10,916	9,926	10,331
				(72.7)	(71.2)	(72.0)	(68.7)	(67.1)
Fair, 6/9, 6/12	...	...	...	1,637	1,637	3,274	3,344	3,783
				(21.1)	(22.1)	(21.6)	(23.1)	(24.5)
Bad, 6/18, etc.	...	...	...	483	495	978	1,178	1,290
				(6.2)	(6.7)	(6.4)	(8.1)	(8.4)
Totals	...	...	...	7,761	7,407	15,168	14,448	15,404

Of those with defective eyesight, 1,161 (560 boys and 601 girls) were recommended for refraction or for re-test.

HEARING.

Result of Hearing Test.

					No. and percentage.				
					1959			1958	1957
					Boys	Girls	Totals	Totals	Totals
Normal ...	...	...	...	...	7,719 (99·5)	7,374 (99·6)	15,093 (99·5)	14,340 (99·2)	15,276 (99·2)
Defective—									
Grade I, for ordinary class	...			...	15 (0·2)	7 (0·1)	22 (0·1)	31 (0·2)	40 (0·2)
Grade IIa, for front seat	...			...	3 (0·0)	7 (0·1)	10 (0·1)	18 (0·1)	13 (0·1)
Grade IIb, for class for semi-deaf	...			...	20 (0·3)	16 (0·2)	36 (0·2)	44 (0·3)	53 (0·3)
Grade III, for deaf class	...			...	4 (0·1)	3 (0·0)	7 (0·0)	15 (0·1)	22 (0·1)
					7,761	7,407	15,168	14,448	15,404

51 of the above children (27 boys and 24 girls) were referred to clinic for investigation of the cause of deafness.

APPENDIX IIc.—*AVERAGE MEASUREMENTS OF SCHOOL CHILDREN.*

The averages for age, height and weight of children in the four age-groups measured at routine inspection during the year 1958-59 are given below with comments.

PUPILS AGED SIXTEEN YEARS.

Details of the average measurements in this age-group are as follows :—

	Non-transferred		Transferred		All	
	Boys	Girls	Boys	Girls	Boys	Girls
Number examined ...	649	467	187	130	836	597
Average age (in months beyond year of age) ...	5·80	5·88	6·63	5·99	5·99	5·90
Height (in inches) ...	67·54	63·40	66·91	62·82	67·40	63·28
Weight (in pounds) ...	134·29	122·22	132·60	119·76	133·91	121·68

PUPILS IN OTHER AGE-GROUPS.

On page 79 is a table showing the averages of 5, 9 and 13 year-olds in 1959 and the relative average measurements adjusted to the uniform ages of 5 years 4 months, 9 years 5 months and 13 years 5 months for

that school year and for each of the previous school years back to 1950. To simplify the study of those adjusted measurements, the highest in each column is printed in **heavy** type and the second highest in *italics*.

The findings may be summarised thus :—

(1) PUPILS AGED FIVE YEARS.

(a) BOYS. Highest place was attained in four of the six columns ; in each of the remaining columns height and weight of “ transferred ” boys, a slight fall to second place was recorded.

(b) GIRLS. Highest place was reached in only one column and second highest in two columns—height in each instance ; weights failed to attain even second place.

(2) PUPILS AGED NINE YEARS.

(a) BOYS. Highest place was reached in each series for height. Weight rose to second place in two instances—the exception to the upward trend being the weight of “ non-transferred ” pupils which again declined.

(b) GIRLS. As regards height, highest or second place was recorded in three columns. Weight of “ transferred ” pupils improved to second place but a fall in the “ non-transferred ” brought the “ all ” figure below even second place.

(3) PUPILS AGED THIRTEEN YEARS.

(a) BOYS. Highest place was reached in four columns and second place in the other two (both for weight).

(b) GIRLS. Highest place in all six columns was reached.

(4) In each relative group the average measurement in 1959 was higher than the highest average in any year prior to 1955.

As the 1959 Session marks the fiftieth anniversary of the introduction of Routine Medical Inspection in schools by the former School Board of Glasgow, it may be convenient to trace the progress since the early days by comparing the average measurements of the children in the age-groups 5, 9 and 13 years over the whole period. Comparison of these average measurements in the mass has always been regarded as a rough but useful indication of the general physique among school children and along with other signs providing a reliable means of assessing their health and well-being.

In the table below the average heights and weights of pupils in the age-groups 5, 9 and 13 years (adjusted to uniform ages where possible) are arranged in quinquennial periods. Graphs of these figures are also provided on page 78. It may be noted, however, that in the earlier years either the month of age was unrecorded or an approximation to the nearest complete month was given, usually fluctuating between 4 and 5 months beyond the year of age. These differences would not be such as to affect the general trend of the average measurements. Attention is also drawn to the fact that in the table for two of the periods shown, 1915/19 and 1940/44 only the averages of 3 and 4 years respectively are given owing to war disruption—no measurements were recorded in 1915, 1916 or in 1940.

The table and chart reveal that the average measurements in each group have shown consistent increase with comparatively few exceptions, these latter occurring only during the first world-war and post-war periods (e.g. 5 year-old girls during 1915/19 and 13 year-old boys during 1920/24). The continued improvement has been attributed to a combination of circumstances which would include health education, the provision of milk and meals in school and the continuous medical supervision of pupils throughout their school life.

AVERAGE MEASUREMENTS OF GLASGOW SCHOOL CHILDREN IN QUINQUENNIAL PERIODS SINCE 1910.

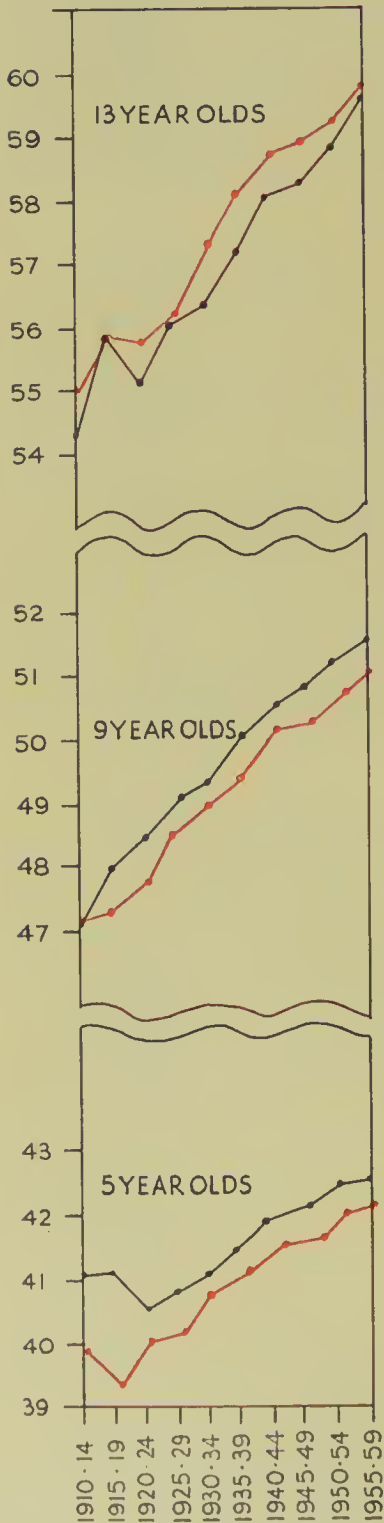
QUINQUENNIAL PERIOD.	5 Years						9 Years						13 Years					
	Height in ins.			Weight in lbs.			Height in ins.			Weight in lbs.			Height in ins.			Weight in lbs.		
	Boys	Girls		Boys	Girls		Boys	Girls		Boys	Girls		Boys	Girls		Boys	Girls	
1910-14	40.0	39.9		38.5	37.9		47.1	47.2		54.0	51.7		54.5	55.0	
*1915-19	41.1	39.4		38.5	37.5		48.0	47.5		54.6	52.1		55.9	56.0	
1920-24	40.5	40.1		39.1	38.0		48.5	47.9		54.3	52.8		55.1	55.9	
1925-29	40.8	40.3		39.1	37.7		49.0	48.7		56.7	54.6		56.0	56.3	
1930-34	41.1	40.8		39.5	38.0		49.3	49.1		57.2	55.1		56.4	57.3	
1935-39	41.5	41.2		40.1	38.6		49.9	49.6		58.6	56.7		57.2	58.2	
†1940-44	41.9	41.6		41.3	39.6		50.5	50.2		60.0	58.1		58.1	58.8	
1945-49	42.1	41.7		41.7	40.1		50.8	50.3		61.2	58.9		58.3	59.0	
1950-54	42.4	42.1		42.1	40.5		51.2	50.7		62.2	60.1		58.8	59.3	
1955-59	42.6	42.2		42.4	41.0		51.5	51.1		63.6	62.3		59.4	59.8	

* No measurements recorded in years 1915 and 1916.

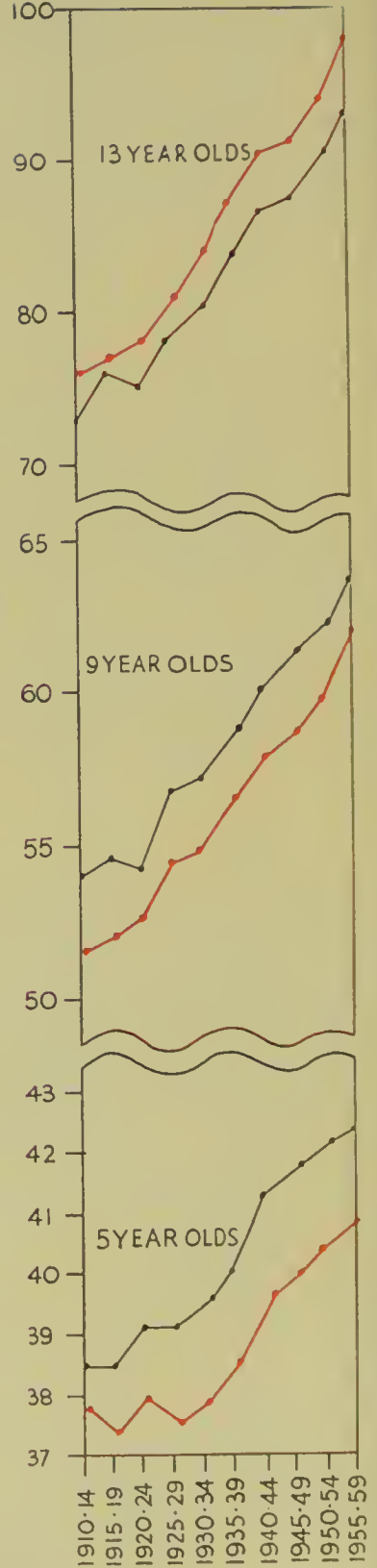
† No measurements recorded in year 1940.



HEIGHTS



WEIGHTS



Numbers, Average Ages and Measurements of Children of 5, 9 and 13 years of age within the Groups examined during Systematic Inspection.
 (The highest "adjusted" average in each column is in black type and the second in *italics*.)

AGE.	Type of School	5 YEARS.						9 YEARS.						13 YEARS.					
		Non-transf'd		Transferred		All		Non-transf'd		Transferred		All		Non-transf'd		Transferred		All	
		Ht. ins.	Wt. lbs.	Ht. ins.	Wt. lbs.	Ht. ins.	Wt. lbs.	Ht. ins.	Wt. lbs.	Ht. ins.	Wt. lbs.	Ht. ins.	Wt. lbs.	Ht. ins.	Wt. lbs.	Ht. ins.	Wt. lbs.	Ht. ins.	Wt. lbs.
No. of Boys & Age (months)*		5,556 (3-64)		2,896 (3-93)		8,452 (3-74)		4,603 (5-76)		2,130 (5-72)		6,733 (5-75)		4,249 (5-30)		1,841 (5-32)		6,090 (5-31)	
Actual Average Measurements		42-73	42-63	42-43	42-09	42-63	42-45	51-93	64-64	51-45	62-83	51-78	64-07	60-07	96-10	59-05	92-87	59-76	95-12
Adjusted Average Measurements		42-79	42-72	42-44	42-11	42-67	42-51	51-81	64-30	51-33	62-50	51-66	63-73	60-01	95-86	58-99	92-62	59-70	94-88
of 5 yrs. 4 mths., 9 yrs. 5 mths., and 13 yrs. 5 mths. respectively)		42-70	42-61	42-35	42-08	42-59	42-44	51-77	64-43	51-24	62-61	51-60	63-86	59-98	95-97	58-95	92-21	59-70	94-96
		42-66	42-62	42-31	41-87	42-48	42-38	51-60	63-97	51-08	62-13	51-45	63-42	59-39	92-85	58-56	89-83	59-13	91-91
		42-51	42-48	42-27	41-79	42-43	42-26	51-56	63-77	50-94	62-10	51-37	63-26	59-30	92-65	58-43	89-73	59-04	91-78
		42-53	42-32	42-19	41-49	42-43	42-05	51-63	63-81	50-85	61-63	51-40	63-16	59-27	91-85	58-40	88-90	59-01	90-93
		42-59	42-27	42-23	41-61	42-48	42-07	51-38	62-55	50-83	61-13	51-22	62-14	59-20	91-25	58-40	88-13	58-96	90-33
		42-65	42-30	42-07	41-31	42-49	42-02	51-38	62-30	50-84	60-93	51-22	61-90	59-16	90-90	58-25	87-29	58-88	89-80
		42-55	42-40	42-05	41-23	42-40	42-05	51-35	62-43	50-70	60-40	51-15	61-82	59-11	90-50	58-05	86-82	58-79	89-38
		42-60	42-60	42-13	41-59	42-47	42-31	51-26	62-33	50-70	60-79	51-08	61-84	58-89	89-19	57-80	86-33	58-60	88-43
No. of Girls & Age (months)*		5,321 (3-92)		2,849 (3-95)		8,170 (3-93)		4,281 (6-03)		2,079 (6-24)		6,360 (6-10)		4,083 (5-37)		1,656 (5-00)		5,739 (5-27)	
Actual Average Measurements		42-33	41-12	42-17	40-57	42-28	40-93	51-54	63-45	51-11	61-58	51-40	62-84	60-42	100-98	59-60	98-31	60-18	100-21
Adjusted Average Measurements		42-35	41-14	42-18	40-58	42-29	40-95	51-36	62-92	50-89	60-95	51-21	62-28	60-36	100-64	59-60	98-31	60-14	99-96
of 5 yrs. 4 mths., 9 yrs. 5 mths., and 13 yrs. 5 mths. respectively)		42-38	41-27	42-17	40-64	42-31	41-06	51-46	63-18	50-80	60-93	51-25	62-44	60-21	100-27	59-31	97-22	59-96	99-40
		42-31	41-23	42-11	40-79	42-22	41-04	51-32	63-09	50-80	61-59	51-16	62-62	60-13	99-81	59-38	97-10	59-90	98-98
		42-16	41-17	41-91	40-47	42-13	40-94	51-17	62-76	50-57	60-57	50-99	62-11	59-94	97-92	59-09	95-24	59-67	97-12
		42-13	41-16	41-80	40-13	42-02	40-83	51-06	62-35	50-56	60-75	50-91	61-88	59-83	96-80	58-84	94-43	59-51	96-03
		42-18	41-03	41-75	39-97	42-04	40-69	51-06	61-76	50-30	59-48	50-83	61-08	59-75	96-40	58-94	93-34	59-48	95-41
		42-26	40-73	41-95	40-13	42-16	40-54	50-94	60-89	50-22	58-66	50-73	60-24	59-76	94-87	58-78	93-00	59-45	94-29
		42-21	40-74	41-72	39-69	42-07	40-44	50-83	60-27	50-15	58-49	50-62	59-72	59-70	95-33	58-43	91-25	59-32	94-12
		42-18	40-89	41-66	39-83	42-03	40-58	50-84	60-27	50-16	58-52	50-62	59-71	59-46	94-42	58-45	91-26	59-15	93-46
		42-11	40-78	41-74	39-72	42-00	40-46	50-73	60-22	50-13	58-38	50-54	59-64	59-52	94-10	58-53	91-02	59-22	93-16

* Beyond years of age given at head of sections.

* Beyond years of age given at head of sections.

**TABLE III.—SYSTEMATIC MEDICAL EXAMINATION OF
ACCORDING TO REMEDIABILITY OF THE MAJOR**

CLASSIFICATION	NO. OF CHILDREN EACH GROUP (AND					
	Entrants			Second Age Group		
	Boys	Girls	Total	Boys	Girls	Total
I. Children free from defects	5,434 (60.1)	5,344 (61.9)	10,778 (61.0)	5,311 (65.6)	5,071 (65.0)	10,382 (65.3)
II. Children (otherwise free from defects) who suffer from—						
(a) Defective vision not worse than 6/12 in the better eye with or without glasses; or	4 (0.0)	4 (0.0)	8 (0.0)	541 (6.7)	568 (7.3)	1,109 (7.0)
(b) Oral Sepsis	92 (1.0)	93 (1.1)	185 (1.0)	63 (0.8)	60 (0.8)	123 (0.8)
(c) Both (a) and (b)	— (0.0)	1 (0.0)	1 (0.0)	2 (0.0)	8 (0.1)	10 (0.1)
Totals	96 (1.1)	98 (1.1)	194 (1.1)	606 (7.5)	636 (8.2)	1,242 (7.8)
III. Children suffering from ailments (other than those mentioned in II) from which complete recovery is anticipated within a few weeks ...	1,804 (20.0)	1,750 (20.3)	3,554 (20.1)	1,112 (13.7)	987 (12.7)	2,099 (13.2)
IV. Children suffering from (or suspected to be suffering from) defects less remediable than defects specified in II or III, distinguishing cases—						
(a) Where complete cure or restora- tion of function (in the case of eye defect, full correction) is considered possible	1,241 (13.7)	1,097 (12.7)	2,338 (13.2)	697 (8.6)	786 (10.1)	1,483 (9.3)
(b) Where improvement only is considered possible, <i>e.g.</i> , without complete restoration of function	451 (5.0)	329 (3.8)	780 (4.4)	362 (4.5)	307 (3.9)	669 (4.2)
Totals	1,692 (18.7)	1,426 (16.5)	3,118 (17.7)	1,059 (13.1)	1,093 (14.0)	2,152 (13.5)
V. Children suffering from defects from which improvement is not considered possible	10 (0.1)	10 (0.1)	20 (0.1)	11 (0.1)	11 (0.1)	22 (0.1)
Total numbers of children examined ...	9,036	8,628	17,664	8,099	7,798	15,897

* Includes 1,225 children

CHILDREN IN ORDINARY SCHOOLS. CLASSIFICATION
DEFECTS FOUND IN THE INDIVIDUAL CHILD.

EXAMINED IN PERCENTAGES).						NO. OF CHILDREN EXAMINED (AND PERCENTAGES).				
Third Age Group			Fourth Age Group			* All Ages Totals, 1959			Totals, 1958	Totals, 1957
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total		
5,352 (74.8)	4,578 (67.6)	9,930 (71.3)	861 (81.1)	577 (74.4)	1,438 (78.2)	17,374 (66.9)	15,976 (65.0)	33,350 (66.0)	34,035 (65.6)	35,678 (66.1)
473 (6.6)	541 (8.0)	1,014 (7.3)	85 (8.0)	74 (9.5)	159 (8.7)	1,147 (4.4)	1,220 (5.0)	2,367 (4.7)	2,605 (5.0)	2,751 (5.1)
56 (0.8)	101 (1.5)	157 (1.1)	3 (0.3)	1 (0.1)	4 (0.2)	221 (0.9)	258 (1.0)	479 (0.9)	487 (0.9)	575 (1.1)
2 (0.0)	6 (0.1)	8 (0.1)	1 (0.1)	—	1 (0.1)	5 (0.0)	16 (0.1)	21 (0.0)	21 (0.0)	22 (0.0)
531 (7.4)	648 (9.6)	1,179 (8.5)	89 (8.4)	75 (9.7)	164 (8.9)	1,373 (5.3)	1,494 (6.1)	2,867 (5.7)	3,113 (6.0)	3,348 (6.2)
588 (8.2)	733 (10.8)	1,321 (9.5)	47 (4.4)	65 (8.4)	112 (6.1)	3,618 (13.9)	3,611 (14.7)	7,229 (14.3)	7,519 (14.5)	7,645 (14.2)
328 (4.6)	504 (7.4)	832 (6.0)	27 (2.5)	36 (4.6)	63 (3.4)	2,342 (9.0)	2,482 (10.1)	4,824 (9.5)	4,928 (9.5)	4,891 (9.1)
342 (4.8)	298 (4.4)	640 (4.6)	37 (3.5)	23 (3.0)	60 (3.3)	1,227 (4.7)	985 (4.0)	2,212 (4.4)	2,273 (4.4)	2,363 (4.4)
670 (9.4)	802 (11.8)	1,472 (10.6)	64 (6.0)	59 (7.6)	123 (6.7)	3,569 (13.7)	3,467 (14.1)	7,036 (13.9)	7,201 (13.9)	7,254 (13.4)
10 (0.1)	9 (0.1)	19 (0.1)	1 (0.1)	—	1 (0.1)	32 (0.1)	31 (0.1)	63 (0.1)	53 (0.1)	45 (0.1)
7,151	6,770	13,921	1,062	776	1,838	25,966	24,579	50,545	51,921	53,970

outwith normal Age Groups.

APPENDIX IIIa.—INSPECTION OF SPECIAL CASES (“NON-ROUTINES” AND “ABNORMALS”).

DEFECTS FOUND IN CHILDREN PRESENTED FOR MEDICAL INSPECTION AS “NON-ROUTINES”—18,091 children were presented for “non-routine” inspection (generally on account of defect observed or suspected by teachers); 16,271 of these were pupils in ordinary schools and 1,820 in special schools.

Some of these children were found on examination to have more than one defect. The individual results were: nits minor, 662; nits major and/or vermin, 242; skin conditions, 1,706; eye conditions (including defective vision), 5,290; ear, nose and throat defects, 1,530; “general” defects, 6,855; defective teeth, 389; no apparent disease, 349; and other causes, 1,298.

RE-INSPECTION BY MEDICAL OFFICERS OF “ABNORMALS.”—The total number of re-inspections was 18,316. Of these, 8,458 (46·2 *per cent.*) were found to be receiving treatment at the school clinics, 4,793 (26·2 *per cent.*) were being treated elsewhere, 3,520 (19·2 *per cent.*) did not require treatment, and 1,545 (8·4 *per cent.*) had not had the necessary treatment provided. These last were unimportant cases or were reported for “following up” by other methods.

(Details of “non-routine” and “abnormal” cases examined in Nursery Schools are given on page 96.)

APPENDIX IIIb.—OTHER SPECIAL INSPECTIONS.

(a) LEAVING INTERVIEWS.—These were granted in order to bring medical records up-to-date and to give advice, in some cases, regarding unsuitability for certain occupations—10,205 pupils presented themselves.

(b) HOLIDAY CAMPS, EXCURSIONS, ETC.—Arrangements were again made for inspection of pupils attending schools, junior clubs, and play centres who had been proposed for holiday camps in the summer. Similar arrangements were made in connection with pupils proceeding on educational excursions and on holidays abroad.

(i) *School, Junior Club and Play Centre Holiday Camps (June-July, 1959).*

	Boys		Girls	
	Preliminary Inspection	Final Inspection	Preliminary Inspection	Final Inspection
	No. and %	No. and %	No. and %	No. and %
Fit	2,671 (89.2)	3,003 (98.8)	1,982 (82.4)	2,317 (97.9)
*Fit ?	295 (9.9)	1 (0.0)	415 (17.7)	1 (0.0)
Unfit	27 (0.9)	37 (1.2)	8 (0.3)	51 (2.1)
Totals ...	2,993	3,041	2,405	2,369

* Doubtful fitness.

(ii) *Educational Excursions and Holidays at home and abroad (Spring and Summer, 1959).*

	Boys.		Girls.	
	Preliminary Inspection	Final or Only Inspection	Preliminary Inspection	Final or Only Inspection
	No. and %	No. and %	No. and %	No. and %
Fit	825 (94.1)	1,709 (99.0)	795 (95.3)	2,142 (97.7)
*Fit ?	51 (5.8)	2 (0.1)	33 (4.0)	5 (0.2)
Unfit	1 (0.1)	15 (0.8)	6 (0.7)	44 (2.0)
Totals ...	877	1,726	834	2,191

* Doubtful fitness.

APPENDIX IIIc.—CLEANLINESS INSPECTION IN SCHOOLS BY NURSES.

Cleanliness inspection of school children by nurses dates from the early years of the last war when children were systematically examined in connection with the evacuation scheme. In 1942, "Cleanliness Inspectresses" were appointed to the School Health Service, these being eventually increased to a total of seven, partly for the purpose of taking over the regular inspection for cleanliness of a number of the worst schools, and partly for other duties relating to the medical inspection and treatment of school children (e.g. testing of 7 year-olds for vision and hearing). A further number of schools are inspected by Nurse Inspectresses of the Sanitary Divisions, who also visit the homes of recurring cases.

The cleanliness inspectress acts under the provisions of the Education (Scotland) Act, 1946 (Section 52), the senior woman teacher in each school being encouraged to take an interest in the scheme and given authority to examine the bodies and clothing of pupils. Parents are notified and instructions on the best methods of cleansing the children are sent under cover; cleansing clinics are also available where children may be treated. The statutory procedure is adopted for persistent offenders, who are given 24 hours' notice to cleanse, following which the children are compulsorily cleansed at school or at the special cleansing clinic. Prosecution follows if the offence is repeated.

During the 1959 Session, the cleanliness inspectresses reported some improvement at first inspections, except for boys with " nits "; the percentages recorded at re-inspections were the best for many years. Returns from nurse inspectresses gave similar results.

Cleanliness Inspectresses of the School Health Service.

	Boys.		Girls.	
	1959.	1958.	1959.	1958.
First Inspections.				
Examined ...	54,857	55,290	55,156	55,481
Infested ...	538 (1.0)	811 (1.5)	1,697 (3.1)	2,375 (4.3)
Infected ...	2,293 (4.2)	2,188 (3.9)	6,873 (12.5)	7,362 (13.3)
Re-Inspections.				
Examined ...	15,154	12,271	25,463	25,206
Infested ...	439 (2.9)	598 (4.9)	2,192 (8.6)	3,163 (12.5)
Infected ...	2,938 (19.4)	2,816 (22.9)	9,766 (38.4)	10,696 (42.4)

In 374 instances, formal notices to cleanse children within 24 hours were issued, mainly by Cleanliness Inspectresses and Senior Woman Assistants. On re-inspection, 97 were found to have been cleansed at home by the parents and 84 to have been compulsorily disinfested at school or clinic.

Under Section 52 of the Education (Scotland) Act, 1946, 54 cases in respect of 52 parents were referred to the Procurator Fiscal during the course of the year. Of that total 7 were admonished, 3 were deserted, and on the remainder fines were imposed as follows:— 1 of £3, 1 of £2, 2 of £1 10s., 34 of £1, 5 of 10s., and 1 of 5s.

Nurse Inspectresses of the Sanitary Divisions.

	Boys.		Girls.	
	1959.	1958.	1959.	1958.
<i>General Inspections.</i>				
Examined ...	47,845	51,704	45,511	48,065
Infested ...	63 (0.1)	78 (0.2)	214 (0.5)	285 (0.6)
Infected ...	3,446 (7.2)	4,518 (8.7)	9,331 (20.5)	11,070 (23.0)
<i>Re-Inspections.</i>	10,306	11,336	14,153	18,377

The Nurse Inspectresses also visited 3,184 houses and re-visited 404. They issued 238 formal printed notices to parents to cleanse the children within 24 hours, and reported that 12 children had been cleansed at clinics and 6,270 by the parents.

APPENDIX III d.—*CLEANLINESS SUPERVISION BY SENIOR WOMAN ASSISTANTS (ASSISTED BY WELFARE ATTENDANTS) AT SELECTED SCHOOLS.*

The scheme was initiated in January, 1941, with six schools and was subsequently extended until 26 schools in all had each a so-called "Hygiene Unit" functioning. The Senior Woman Assistant in each school is responsible for the cleanliness supervision of the children and she has the assistance of a Welfare Attendant, who devotes part of her time to the duties of milk attendant and the remainder to the work of the Unit. From 1951, full-time welfare attendants were appointed in some of the schools and eventually six were engaged.

From the first, the main objective of the scheme has been the inculcation of cleanliness of person and clothing and the keeping of footgear in good condition by methods of persuasion and encouragement in a friendly atmosphere. Repressive measures are kept in the background, and only in cases of persistent neglect are the statutory powers of the Education (Scotland) Act, 1946, and the Children and Young Persons (Scotland) Act, 1937, invoked.

Some of the methods employed in these Units include :—

- (1) Provision of regular lessons in hygiene to classes above the infant department.

- (2) Examination of all pupils by the Senior Woman Assistant with the aid of the Welfare Attendant and the making of returns in May and September of the conditions found.
- (3) Registration and re-examination of unsatisfactory cases, the giving of marks for cleanliness, etc., and the informing of parents where necessary.
- (4) In troublesome cases cleansing children in school with parent's consent, or in persistent cases arranging for the issue of a formal notice to cleanse, and on non-compliance cleansing the child in school without consent.

The number of schools with a Hygiene Unit was reduced to 25 by the end of the 1959 Session ; the Unit at Queen Mary Street School was discontinued after June, 1958, and was replaced by Camden Street School on 4th December, 1958, but St. Aloysius' School, C.4, withdrew from the scheme in December, 1958 (this was one of the Units having a full-time welfare attendant) and it was not to be replaced by another school in the meantime.

The following table gives the percentages of children in the selected schools found to be " clean and well-cared for in every respect " at two general inspections during the Session.

	First Inspection		Second Inspection	
	Boys.	Girls.	Boys.	Girls.
Six original schools (January, 1941) ...	86.6	74.0	86.0	73.8
All selected schools	90.3	76.7	89.0	77.9

In the *six original schools* the girls at both inspections showed reduced percentages compared with the previous year, but were better than in any other year since the scheme was initiated in 1941. The percentages for boys, however, were unimproved.

For *all selected schools* the percentages were also down but, with the exception of the boys at the second inspection, compared favourably with those in previous years.

The success of the scheme depends largely upon the Senior Woman Assistant having sufficient time free from teaching duties, and on the ability and intelligence of the Welfare Attendant. New Attendants are appointed subject to the approval of the Principal Medical Officer and each is engaged for a probationary period of three months, at the end of which time a report is supplied by the visiting School Medical Officer.

**TABLE IV.—RETURN OF ALL EXCEPTIONAL CHILDREN
OF SCHOOL AGE IN THE AREA.**

Disability	(a)	(b)	(c)	Totals
	At Special schools or classes	At no school or institution	At hospital or other institution	
1. BLIND	8	—	39	47
2. PARTIALLY SIGHTED—				
(a) Refractive errors in which the curriculum of an ordi- nary school would adversely affect the eye condition	12	—	—	12
(b) Other conditions of the eye, <i>e.g.</i> , cataract, ulcer- ation, etc., which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary school	38	—	—	38
3. DEAF—Grade IIB	68	—	1	69
Grade III	91	—	1	92
4. DEFECTIVE SPEECH				
(a) Defects of articulation requiring special educa- tional measures	5	—	—	5
(b) Stammering requiring special educational measures				
5. MENTALLY HANDICAPPED— (Children between 5 and 16 years)—				
(a) Educable (I.Q. approx. 50-70)	2,652	—	118	2,770
(b) Ineducable (I.Q. gener- ally less than 50) ...	476	65	118	659
6. EPILEPSY—				
(a) Mild and occasional ...	58	—	—	58
(b) Severe (suitable for care in a residential school ...)				
7. PHYSICALLY HANDICAPPED— (Children between 6 and 16 years)—				
(a) Non - pulmonary tuber- culosis (excluding cervical glands)	44	—	—	44
(b) General orthopaedic con- ditions	182	*11	42	235
(c) Organic heart disease ...	27	*5	—	32
(d) Other causes of ill-health	226	*20	44	290

* Home Tuition cases.

8. MULTIPLE DEFECTS (included in the figures on the previous page)—
Children between 5 and 16 years of age :—

(a) *Mentally handicapped*
and physically handicapped as listed :—

	At Special Schools (Educable)	At Occup. Centres (Ineducable but trainable)	At no school or institution (Ineducable)	At hospital or other institution (Ineducable)
(i) blind	—	2	5	4
(ii) partially sighted ...	2	20	3	5
(iii) deaf	—	—	1	1
(iv) partially deaf ...	23	8	2	1
(v) defective speech (severe)	14	3	15	15
(vi) epilepsy	48	48	15	26
(vii) non-pulmonary tuberculosis (excl. cervical glands)	5	—	—	—
(viii) infantile paralysis	4	1	—	—
(ix) cerebral palsy ...	18	18	11	11
(x) other orthopaedic defects	8	2	—	3
(xi) organic heart disease	15	9	2	—
(xii) chronic bronchitis	6	9	—	—
(xiii) anaemia and debility	6	5	—	—
(xiv) other causes of ill-health	50	72	14	21
	<u>199</u>	<u>197</u>	<u>68</u>	<u>87</u>

(b) *Physically handicapped*
only at special schools 112

TABLE V.—DENTAL INSPECTION AND TREATMENT.

DENTAL INSPECTION.

(1) NUMBER OF CHILDREN INSPECTED BY THE DENTAL OFFICERS.	1959			1958	1957
	System- atic Exam- inations	Other Cases	Totals	Totals	Totals
AGE					
4	21	—	21	—	17
5	5,792	—	5,792	4,649	4,701
6	6,610	—	6,610	5,648	5,481
7	6,425	—	6,425	5,594	5,125
8	6,763	—	6,763	5,442	5,537
9	6,503	—	6,503	5,666	6,048
10	6,920	—	6,920	6,534	5,875
11	7,352	—	7,352	6,335	4,768
12	2,886	—	2,886	2,121	1,772
13	39	—	39	7	293
14	98	—	98	10	330
15	83	—	83	6	21
16	—	—	—	—	—
Totals	49,492	—	49,492	42,012	39,968
(1A) No. of schools in- spected	108	—	108	95	82
(1B) Half-days spent at inspection	266	—	266	224	209
(2) Found to require treatment	39,103 (79.0%)	—	39,103 (79.0%)	34,409 (81.9%)	32,359 (81.0%)
(2A) Number of children accepting treatment	13,634 (34.2%)	—	13,634 (34.2%)	11,680 (34.0%)	10,880 (33.6%)
(2B) Cards not returned or returned blank ...	1,257 (3.2%)	—	1,257 (3.2%)	825 (2.4%)	842 (2.6%)
(2c) Promised private treatment	24,482 (62.6%)	—	24,482 (62.6%)	21,904 (63.6%)	20,637 (63.8%)

DENTAL TREATMENT.

	1959			1958	1957
	System- atic Exam- inations.	Other* Cases.	Totals.	Totals.	Totals.
(3) Actually treated by the school dental officers	11,919	4,409	16,328	15,613	16,535
(3A) Number of the above cases where treatment was completed ...	7,170 (60.2%)	2,598 (58.9%)	9,769 (59.8%)	8,853 (56.7%)	9,735 (58.9%)
(4) Number of attendances for treatment	35,341	14,936	50,277	46,866	52,439
(4A) Attendances, but treatment not given	883	597	1,480	1,628	2,018
(5) Fillings—					
(a) Permanent teeth ...	13,859	6,534	20,393	17,559	17,788
(b) Temporary teeth ...	2,402	440	2,842	2,404	2,423
(6) Extractions—					
(a) Permanent teeth—					
Without anaesthetic	8	—	8	10	3
With local anaesthetic	2,027	2,357	4,384	4,681	4,712
With general anaesthetic ...	412	417	829	672	694
(b) Temporary teeth—					
Without anaesthetic	9	1	10	22	11
With local anaesthetic	12,210	3,719	15,929	16,795	18,460
With general anaesthetic ...	758	521	1,279	1,316	1,074
(7) Number of administrations of general anaesthetic for extractions ...	205	157	362	374	325
(8) Other operations—					
(a) Permanent teeth—					
Scalings ...	985	364	1,349	1,183	1,274
Gum treatment ...	258	215	473	320	559
Silver nitrate dressings	193	80	273	200	438
Temporary fillings ...	2,497	1,788	4,285	4,138	4,502
Others ...	1,601	1,057	2,658	2,648	2,818
(b) Temporary teeth—					
Scalings ...	17	6	23	15	7
Gum treatment ...	54	34	88	80	165
Silver nitrate dressings	3,569	623	4,192	3,529	4,423
Temporary fillings ...	253	101	354	354	258
Others ...	1,157	173	1,330	1,088	1,010

* Obtained from sources other than Routine Dental Inspection, including emergency treatment cases and patients referred by school medical officers, teachers, etc.

	1959			1958	1957
	System- atic Exam- inations.	Other Cases.	Totals.	Totals.	Totals.
(9) Half-days devoted to inspection	266	—	266	224	209
Half-days devoted to treatment	5,299	1,833	7,132	6,458	6,574
Half-days devoted to orthodontic treatment	Not available		551	548	550
Half-days devoted to general anaesthetic clinic	31	8	39	42	—
Half-days devoted to dentures, X-rays, etc.	Not available		175	184	180
(10) Number of children treated under private arrangements ...	Not known				
(11) Ratio of fillings to extractions (permanent teeth only) ...	566 : 100	236 : 100	391 : 100	327 : 100	328 : 100

Orthodontic treatment—277 cases were treated, 140 being completed ; attendances totalled 3,986 and there were 8 attendances without treatment being given. Treatment included : appliances—first impression, 262 ; progress impression, 1,148 ; insertions—first, 156 ; subsequent, 642 ; total, 798. Adjustments numbered 2,366, and 221 other operations were performed.

Other work—Crowns, 13 ; artificial dentures, 146 ; root treatments, 30 (including 7 septic) ; special operations, 3 ; X-ray examinations, 426 ; gold inlays, 10 ; large incisal edge restorations, 4.

AGE DISTRIBUTION OF " OTHER CASES."

Age in years	1	2	3	4	5	6	7	8
Number treated ...	1	13	87	174	244	263	302	363
Age in years	9	10	11	12	13	14	15	16 or over
Number treated ...	464	427	354	478	593	482	138	26

TOTAL 4,409

APPENDIX VI.—SUMMARY OF MEDICAL INSPECTION AND TREATMENT STATISTICS (of which details are given throughout Report) showing comparison with Statistics for previous two years.

A. INSPECTION.

Type.	Cases 1959	Cases 1958	Cases 1957
Systematic Examinations (<i>page 56</i>) ...	50,545	51,921	53,970
Systematic Examinations— Special Schools (<i>page 56</i>)	937	1,140	1,175
Other Examinations in Schools (<i>page 57</i>) ...	67,541	68,869	75,416
Other Examinations mainly in Clinics (<i>page 57</i>)	34,687	30,695	33,426
Cleanliness Examinations (<i>page 57</i>) ...	150,630	148,248	157,851
Dental Inspections (<i>page 89</i>)	49,492	42,012	39,968
Totals ...	353,832	342,885	361,806

B. TREATMENT.

Disease or Defect.	Cases.			Attendances.		
	1959	1958	1957	1959	1958	1957
<i>(a) MINOR AILMENTS—</i>						
EAR—						
Examined only ...	913	935	907	} 26,994	25,973	28,460
Clinic Treatment ...	2,147	1,954	1,915			
Aurists' Examinations	771	965	1,273	771	965	1,273
Aurists' Classifications	47	44	49	47	44	49
Audiometric Survey	1,755	944	1,064	1,786	945	1,069
<i>(pages 33 and 111)</i>	5,633	4,842	5,208	29,598	27,927	30,851
EYE	2,108	2,058	2,376	16,541	15,830	18,508
<i>(page 35)</i>						
SKIN—						
Cuts, minor injuries, etc.	3,833	3,673	4,125	} 129,094	109,485	109,878
Clinic Treatment ...	13,012	11,396	11,729			
Cleansing Clinics ...	246	288	301	452	537	521
Ringworm—Head ...	—	8	22	—	8	22
Body ...	61	30	49	<i>Included under " Clinic Treatment " above</i>		
Scabies Baths ...	<i>*(1,908)</i>	<i>*(1,462)</i>	<i>*(1,341)</i>	8,314	6,911	8,216
<i>(page 36)</i>	17,152	15,395	16,226	137,860	116,941	118,637
<i>(b) DEFECTIVE VISION</i>						
Clinic Treatment ...	7,684	7,766	9,616	8,535	8,775	11,007
Spectacles supplied ...	4,889	4,683	5,640	7,041	6,580	7,713
<i>(page 37)</i>	12,573	12,449	15,256	15,576	15,355	18,720

• Cases are included under " clinic treatment " but attendances are shown separately.

Disease or Defect.	Cases.			Attendances.		
	1959	1958	1957	1959	1958	1957
(c) <i>EAR, NOSE AND THROAT—</i>						
Aurists' Examinations	1,311	775	1,072	1,387	875	1,130
Tonsils and Adenoids Operations ...	1,183	974	1,384	3,990	3,227	4,623
Other Operations ...	69	46	52	69	46	52
(page 39)	2,563	1,795	2,508	5,446	4,148	5,805
(d) <i>ORTHOPAEDIC—</i>						
Examined only ...	1,422	1,280	1,523	1,428	1,280	1,523
Treated by Exercises	1,017	839	803	16,664	14,812	15,184
Treated in Spastic Unit	32	31	38	3,597	2,760	3,680
(page 42)	2,477	2,150	2,364	21,689	18,852	20,387
(e) <i>OTHER DISEASES—</i>						
General ...	6,536	5,820	6,243	22,462	17,840	18,150
Supply of Medicines	1,629	1,651	1,783	16,421	14,417	13,710
Artificial Light ...	946	1,285	1,755	14,456	17,246	22,962
Cardiac Cases ...	111	82	136	284	292	304
(page 43)	9,222	8,838	9,917	53,623	49,795	55,126
(f) <i>DENTAL—</i>						
Ordinary ...	16,328	15,613	16,535	51,757	48,494	54,457
Orthodontic ...	277	368	362	3,994	3,127	4,157
(page 90)	16,605	15,981	16,897	55,751	51,621	58,614
(g) <i>REMAND HOME ...</i> (page 102)	263	282	128	263	282	128
(h) <i>DEFECTIVE SPEECH ...</i> (pages 43 and 103 to 106)	1,113	1,361	1,157	15,913	17,273	14,739
(i) <i>OCCUPATIONAL THERAPY ...</i> (page 43)	27	30	23	1,263	1,250	1,189
TOTALS ...	69,736	65,181	72,060	353,523	319,274	342,704

APPENDIX VII.—NURSERY SCHOOLS AND DAY NURSERIES.

At the end of July, 1959, the Education Department was responsible for the administration of 43 Nursery Schools and Classes having places for 1,732 children and of Southannan Residential Nursery School, Fairlie and Dunclutha Nursery School, Kirn, where 36 and 24 children respectively were accommodated. On the same date, the Health and Welfare Department had under its management 16 Day Nurseries with approximately 740 places and one 24-hour Day Nursery for 40 children whose mothers worked on nightshifts.

Arrangements for the medical supervision of children in nursery schools are made by the School Health Service, a member of which staff visits each school weekly; the Superintendent or Teacher in charge is encouraged to seek advice at all other times from the nearest school clinic. A School Medical Officer attends monthly and examines any child presented (a) for systematic (routine) medical inspection (i.e. any child who has not been previously subjected to detailed routine inspection), (b) because of ailment suspected or observed by teacher, or (c) for re-inspection on account of defect observed by the doctor at a previous examination. In the weeks when the doctor is not due, a school nurse visits and gives advice if required.

During the year ended 31st July, 1959, children to the number of 1,056 (525 boys and 531 girls) were subjected to "routine inspection," 2,041 were medically examined at the request of teachers, and 2 were re-inspected. The results of these examinations are detailed below.

ROUTINE INSPECTION.

(i) *Numbers and Percentages of Children Suffering from Defects*
(see Table II, page 62 for full details of headings).

Nature of defects found	1959			1958	1957
	Boys.	Girls.	Totals.	Totals.	Totals.
Unsatisfactory clothing ...	—	2	2 (0.2%)	1 (0.1%)	2 (0.2%)
Uncleanliness of head (nits) ...	6	31	37 (3.5%)	32 (2.9%)	43 (4.3%)
Skin conditions of head or body	33	31	64 (6.1%)	55 (5.1%)	44 (4.4%)
Defective nutrition ...	6	16	22 (2.1%)	19 (1.7%)	18 (1.8%)
Mouth and teeth unhealthy ...	5	5	10 (0.9%)	3 (0.3%)	3 (0.3%)
Naso-pharyngeal conditions ...	95	102	197 (18.6%)	191 (17.6%)	144 (14.4%)
Eye diseases (excluding defective vision) ...	11	7	18 (1.7%)	11 (1.0%)	10 (1.0%)
Defective vision ...	20	20	40 (3.8%)	45 (4.1%)	38 (3.8%)
Ear disease (including defective hearing) ...	2	2	4 (0.4%)	4 (0.4%)	4 (0.4%)
Defective speech ...	7	2	9 (0.9%)	16 (1.5%)	13 (1.3%)
Mental and nervous conditions ...	—	4	4 (0.4%)	6 (0.6%)	3 (0.3%)
Defects of circulatory system ...	11	8	19 (1.8%)	9 (0.8%)	15 (1.5%)
Pulmonary conditions ...	48	40	88 (8.3%)	65 (6.0%)	79 (7.9%)
Deformities ...	19	19	38 (3.6%)	35 (3.2%)	36 (3.6%)
Other diseases or defects ...	12	15	27 (2.6%)	36 (3.3%)	27 (2.7%)

(ii) *Classification of Children according to Remediability of Major Defects Found in the Individual Child (see Table III, page 80, for full details of headings).*

Classification.	1959			1958	1957
	Boys.	Girls.	Totals.	Totals.	Totals.
Free from defects	311	316	627 (59.3%)	674 (61.9%)	647 (64.9%)
Defects of mouth and teeth only	2	5	7 (0.7%)	1 (0.1%)	4 (0.4%)
Temporary ailments	138	145	283 (26.8%)	272 (25.0%)	217 (21.8%)
"Curable" defects	51	44	95 (9.0%)	100 (9.2%)	83 (8.3%)
"Improvable" defects	23	21	44 (4.2%)	41 (3.8%)	46 (4.6%)
Defects "not improvable" ...	—	—	—	—	—
Totals	525	531	1,056	1088	997

(iii) *Additional Information.*

Parents were notified of defects found in 321 instances, 53 (5.0 per cent.) of these being due to clothing, cleanliness, or minor dental defects, and 268 (25.4 per cent.) being in respect of other defects. School Medical Officers also noted 47 cases (4.4 per cent.) for re-inspection as a result of defects observed in clothing or cleanliness, or for minor dental defects, and 407 children (38.5 per cent.) having other defects. "Sound teeth" was recorded in 879 cases (83.2 per cent.), 774 pupils (73.2 per cent.) were recorded as having had complete diphtheria immunisation and 617 (58.4 per cent.) as having been successfully vaccinated or re-vaccinated. The age distribution of the children at the date of inspection was 2 years, 347 ; 3 years, 456 ; 4 years, 242 ; 5 years, 11.

INSPECTION OF NON-ROUTINE CASES.

Children to the number of 2,041 were presented for inspection on account of defects observed or suspected by teachers. The individual results were as follows :—

Head infestation, 3 ; skin conditions, 176 ; eye conditions, 398 ; ear, nose and throat defects, 164 ; "general" defects, 952 ; defective teeth, 27 ; no apparent disease, 224 ; and other causes, 102.

RE-INSPECTION OF "ABNORMAL" CASES.

2 pupils were re-inspected during the Session.

APPENDIX VIII.—PREVENTION OF TUBERCULOSIS.

Preventive measures aimed at controlling tuberculosis have been intensified during the past five years, particularly as regards possible infection from teachers and others associating with school children. The following are the schemes which functioned throughout the year ended 31st July, 1959.

B.C.G. Vaccination.

The annual campaign in schools was conducted in November and December, 1958, and results are given below with relative figures for the two previous years.

			1958.	1957.	1956.
Total schools visited	...	...	118	119	104
Total forms issued	...	...	14,256	13,919	14,745
Parental consents granted	...	...	11,624	11,613	12,044
Total absent	...	...	441	1,238	335
Total number tested	...	...	11,183	10,375	11,709

MANTOUX RESULTS

			1958.		1957.	1956.
		Boys.	Girls.	Total.	Total.	Total.
Positive	...	1,426	1,336	2,762	2,841	3,520
Negative	...	4,229	4,192	8,421	7,534	8,189

VACCINATIONS

		1958.		1957.	1956.
	Boys.	Girls.	Total.	Total.	Total.
	4,203	4,161	8,364	7,519	8,170

Contact Surveys.

In co-operation with the various Divisional Medical Officers, arrangements were made for school children contacts of tuberculosis cases in a number of schools to be X-rayed after Mantoux testing and B.C.G. vaccination had been carried out. The pupils were transported to and from the Mass Miniature Radiography Centre at Cochrane Street and usually the pupils of one Form or Class only were involved. Altogether, approximately 138 pupils from 8 schools were X-rayed during the Session.

Mass Radiography.

The School Health Service continued to arrange with the Mass Radiography Centre at Elmbank Street for the X-raying of pupils attending Glasgow schools. In the course of the year, pupils to the

number of 6,459 (3,766 boys and 2,693 girls) were examined. Details of the abnormalities found and particulars of the action taken are shown in the table on page 99. The table records only those abnormalities detected on full size films and excludes those recorded from miniature films alone.

The Medical Director of the Mass Radiography Unit has provided additional information regarding the incidence of tuberculosis among Glasgow school children. In the table below is shown the incidence in rates per thousand of active adult re-infection type pulmonary tuberculosis over the past seven years. These figures are exclusive of all primary infections, all lesions previously diagnosed, and all inactive pulmonary tuberculosis.

With the exception of 1954 when a relatively small number were examined, the female rate was significantly higher than the male rate. The combined active rate, although falling slightly, remained high when considered in relation to the marked fall in Mantoux positive reactors recorded elsewhere over the same period.

*Incidence of Pulmonary Tuberculosis
(in rates per thousand).*

Year	Number examined	Combined active rate (excl. primary)	Rate for Boys	Rate for Girls
1953	13,893	3.0	2.2	3.8
1954	2,113	2.4	4.2	0.9
1955	8,657	3.9	2.8	4.9
1956	8,623	2.5	1.8	3.3
1957	7,709	3.7	1.8	5.7
1958	4,259	2.5	1.4	3.4
1959	6,459	2.7	2.1	3.7

During 1958, 15,302 children up to 14 years of age, were examined by units of the Glasgow Mass Radiography Service throughout Scotland. The active rates were, 0.9 per thousand combined, and 0.2 and 1.7 per thousand for boys and girls respectively. The corresponding incidences in Glasgow school children were 2.7, 2.1 and 3.7. Not only were these rates higher than elsewhere in the country but the combined active rate of 2.7 per thousand was only 0.8 per thousand less than the average rate of 3.5 per thousand for all age groups in the community in 1958.

ABNORMALITIES FOUND AND ACTION TAKEN BY MASS RADIOGRAPHY UNIT.

	No action after investigation		Referred to own doctor		Treatment at home		Out patient treatment		Observation		Sent to Hospital		Total number examined (and rate per thousand)		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Totals
PULMONARY TUBERCULOSIS—															
Active ...	—	—	—	—	1	1	—	2	—	—	5	6	6 (1.6)	9 (3.3)	15 (2.3)
? Active...	—	—	—	—	—	—	—	—	1	1	—	—	1 (0.2)	1 (0.3)	2 (0.3)
? Inactive	—	—	—	—	—	—	—	—	1	—	—	—	1 (0.2)	—	1 (0.1)
Inactive	3	2	2	2	—	—	2	1	4	3	—	3	11 (2.9)	11 (4.0)	22 (3.4)
Tuberculous pleurisy	—	—	—	—	—	—	—	—	1	—	—	—	1 (0.2)	—	1 (0.1)
Healed primary	5	—	—	—	—	—	—	1	2	—	—	—	7 (1.8)	1 (0.3)	8 (1.2)
OTHER PULMONARY ABNORMALITIES—															
Bronchiectasis ...	—	—	—	—	—	—	—	—	4	2	—	—	4 (1.0)	2 (0.7)	6 (0.9)
Emphysema ...	—	—	—	—	—	—	—	—	1	—	—	—	1 (0.2)	—	1 (0.1)
Pneumonic condition	1	—	—	—	—	—	—	—	—	1	—	—	1 (0.2)	1 (0.3)	2 (0.3)
Pulmonary fibrosis	1	—	—	1	—	—	—	—	—	2	—	—	1 (0.2)	3 (1.1)	4 (0.6)
Bronchial thickening	1	—	—	—	—	—	—	—	—	—	—	—	1 (0.2)	—	1 (0.1)
Totals ...	11	2	2	3	1	1	2	4	14	9	5	9	35 (8.7)	28 (10.0)	63 (9.4)

Teachers' Sick Pay Regulations.

This scheme commenced on 16th November, 1954, following a recommendation of the National Joint Council, whereby special conditions relating to teachers suffering from respiratory tuberculosis were introduced in the Sick Pay Regulations by Glasgow Corporation. Participation in the scheme is voluntary but teachers who do not wish to subscribe to the conditions receive no special consideration if absent from duty on account of respiratory tuberculosis.

The scheme provides for an annual X-ray or other form of examination satisfactory to the Education Authority and the teacher when off duty is entitled to receive, irrespective of length of service, sick pay on the full scale of salary for a maximum period of 12 months, followed by another maximum period of 6 months on half salary. Arrangements are made with the Radiography Unit at Cochrane Street for the X-ray examinations and results are sent to the Principal Medical Officer for consideration and any necessary action. In co-operation with the chest physicians, reports on progress of the teacher patients under the care of the latter are received and, in accordance with the terms of D.H.S. Circular, No. 101/1950, the Principal Medical Officer advises the Education Department as to when such patients may resume their employment.

During the year ended 31st July, 1959, teachers to the number of 5,211 (2,042 males and 3,169 females) were X-rayed out of a total of 6,916 on the roll.

The numbers recalled for large film were 32 men and 29 women, the diagnoses being as shown :—

	Males.	Females.
Active Pulmonary Tuberculosis	2	3
Inactive Pulmonary Tuberculosis (including calcified or fibrotic conditions)	16	13
Inactive Pulmonary Tuberculosis (pleural thickening)	7	2
Cardiac Hypertrophy	—	1
No apparent defect	7	10
Totals	32	29

Since the Teachers' Sick Pay Scheme was inaugurated, 84 teachers have been found to be suffering from active Pulmonary Tuberculosis, and 8 of these are still off duty. The remainder have resumed normal teaching duties.

Other Adult Employees.

X-raying at the Mass Radiography Centre, Elmbank Street, of dining-room attendants, which was inaugurated in February, 1958, was continued in respect of all candidates for such posts during the period under review. The candidates numbered 214, and of these, 21 were recalled for large films and 2 were not appointed as dining-room attendants as a result of their X-ray reports. Of the remaining 19, 2 were being kept under observation at chest clinics and 5 had to be X-rayed annually at Elmbank Street.

Additional arrangements were made for the X-raying, at the Mass Radiography Centre, Elmbank Street, of all special school van attendants during March, 1959. Of the 175 persons who were X-rayed, 14 were recalled for large film and, of the latter number, 2 were put off duty. Of the remaining 12, 3 were being kept under observation at Chest Clinics and 6 were to be X-rayed at Elmbank Street yearly. Appointments would, in future, only be made subject to the passing of an X-ray examination at the Mass Radiography Centre.

Arrangements were also made for the X-raying, at the Mass Radiography Centre, Elmbank Street, of all milk attendants during the months of May and June, 1959. Of the 165 persons who were X-rayed, 6 were recalled for large films, 2 were being kept under observation at Chest Clinics, and 1 was to be re-X-rayed yearly at Elmbank Street. Future appointments would only be made subject to the passing of an X-ray examination at the Mass Radiography Centre.

Co-operation with Chest Clinics.

The co-operation was maintained with the various Consultant Chest Physicians attached to Hospital Boards, not only in connection with the Teachers' Sick Pay Regulations already referred to, but as regards school children and other adult employees of the Education Department. The volume of correspondence alone has now become quite considerable.

APPENDIX IX.—MEDICAL SUPERVISION OF REMAND HOME.

The medical supervision of children in the Remand Home is undertaken by School Medical Officers who visit the Home on a weekly rota and are on call at any time of the day or night. Children are medically examined within twenty-four hours of admission, immediately prior to discharge and at any other time considered necessary by the visiting Medical Officer or the Superintendent. Routine inspection of every child is made in the Home each Friday afternoon.

On admission, all children are treated for nits and vermin to ensure the Home against preventable infestation, as it was found that there were few who were free from such conditions on arrival. These and any other defects found by the Medical Officer in the course of visitation subsequently, are dealt with as considered advisable.

During the year ended 31st July, 1959, 1,599 boys and 151 girls were admitted to the Home and during the same period there were 4,307 medical examinations. Children found to be suffering from various ailments were, on the advice of the visiting School Medical Officer, disposed of as follows :—

Treated in the Home, 243 ; treated at clinic, 14 ; X-rayed, 3 ; removed to hospital, 3.

APPENDIX X.—*DIPHTHERIA IMMUNISATION CAMPAIGN.*

Early each year, and concluding before the Easter holiday period, a diphtheria immunisation campaign in schools is carried through. Use is made of publicity methods and parents are invited by means of a circular letter to give their consent to the inoculation of any children attending primary school classes and to bring to the school on the prescribed dates any other children under school age. The offer includes the provision of “boosting” doses where these may be necessary.

Since and including the 1958 campaign, as the result of a Government decision to change the type of prophylactic supplied to local authorities (for the reasons stated in D.H.S. Circular 51/1957) the period of the “drive” in schools is of longer duration than in former years. T.A.F. is the material now used in the campaign, three injections of 1 c.c.—with an interval of four weeks between each—being given for the primary course of immunisation and 1 c.c. for the reinforcing dose to children of all ages.

The success of this short-term campaign annually in schools may be attributed not only to the convenience for the pupils of the injections being given on the familiar school premises but also in great measure to the enthusiastic co-operation of the teaching staffs.

In the Table below, details are provided showing (i) the numbers of injections administered in schools (as compiled from the returns of School Medical Officers) during the period of the “drive” and (ii) the numbers recorded at the regular clinics during the year ending 31st July, 1959. The scheme was moderately successful in spite of the inclement weather with consequent absences through illness of many pupils during the period, and the added complication of a concurrent poliomyelitis vaccination campaign.

	At Schools.			At Clinics.		
	Under 5 years.	Over 5 years.	Totals.	Under 5 years.	Over 5 years.	Totals.
1st Injections ...	92	8,444	8,536	7,090	68	7,158
2nd Injections ...	42	7,588	7,630	Not available		
3rd Injections ...	20	4,586	4,606	6,216	1,218	7,434
Re-inforcing Doses ...	32	21,704	21,736	111	192	303
Totals ...	186	42,322	42,508	Not available		

APPENDIX XI.—*SPEECH THERAPY.*

Speech therapy is now provided for pupils attending ordinary schools, for those in schools for the physically handicapped and, from September, 1957, for mentally handicapped children. In addition, a speech therapy centre, established September, 1957, in the Florence Street School Clinic premises, deals with children under five years of age (including those attending nursery schools and day nurseries in the area) and for the convenience of local children of school age.

The staff of speech therapists, nominally 11, is deployed as follows : 6 to treat " ordinary " school children, using child guidance clinics as centres ; 4 to visit schools and classes for the physically or mentally handicapped and also to share the work at the Florence Street centre ; and 1 in attendance full-time at the spastic unit in Kelbourne School.

The tables on the following pages give summarised information regarding the work of the speech therapists during the year ended 31st July, 1959, showing separately the details in respect of children (i) in schools for the physically handicapped, (ii) in schools for the mentally handicapped, and (iii) attending ordinary schools.

Included in the figures for (iii) are those relating to " ordinary " school children seen at the Florence Street centre, the extracted statistics being :—advice only given, 7 ; treated, 29 ; total number of treatments, 548 ; home visits, 8 ; cases discharged as satisfactory or improved, 10. Pre-school children to the number of 13 were seen at Florence Street, 2 being given advice only and the remainder receiving a total of 153 treatments ; home visits were paid in 6 instances and 2 cases were discharged as improved.

Information regarding the cases treated in the Spastic Unit is given on page 43.

(i) CASES OF SPEECH DEFECT TREATED IN SCHOOLS AND CLASSES FOR THE PHYSICALLY HANDICAPPED DURING THE YEAR ENDED
31st JULY, 1959.

Details of Cases	Advice only	Cases Treated		Number of Treatments		DISCHARGED										Cases Remaining on Treatment	
						Satisfactory		Improved		Unsatisfactory		Failed to Co-operate		Transferred			
		Boys	Girls	Boys	Girls											Boys	Girls
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
Stutter	1	8	1	125	21	—	—	2	1	—	—	1	—	3	—	2	—
Dyslalia—																	
Multiple	4	8	6	192	145	—	1	2	3	—	—	—	—	1	—	5	2
Simple	—	2	—	16	—	—	—	1	—	—	—	—	—	—	—	—	—
Idioglossia	—	2	—	54	—	—	—	—	—	—	—	—	—	—	1	—	1
Delayed Speech	—	1	2	12	51	—	—	—	—	—	—	—	—	—	—	—	—
Cleft Palate	—	1	2	25	52	—	—	—	—	—	—	—	—	—	—	1	2
Dysphonia	—	—	2	—	47	—	—	—	2	—	—	—	—	—	—	—	—
Dysphasia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysarthria	—	3	3	68	61	—	1	1	—	—	—	—	—	1	—	1	2
Totals	5	25	16	492	377	—	2	6	6	1	—	1	—	5	1	12	7
			41		869												

Home visits—11.

(ii) CASES OF SPEECH DEFECT TREATED IN SCHOOLS AND CLASSES FOR THE MENTALLY HANDICAPPED DURING THE YEAR ENDED
31st JULY, 1959.

Details of Cases	Advice only	Cases Treated		Number of Treatments		DISCHARGED								Cases Remaining on Treatment			
						Satisfactory		Improved		Unsatisfactory		Failed to Co-operate				Transferred	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
Stutter	4	25	9	431	233	1	—	2	—	2	1	—	—	2	1	18	7
Dyslalia—																	
Multiple	—	38	34	927	751	5	2	9	7	1	2	1	2	4	7	18	14
Simple	1	10	6	197	101	—	—	3	2	2	—	3	—	2	1	—	3
Idioglossia	—	6	1	289	28	—	—	2	—	—	—	—	—	—	—	4	1
Delayed Speech	—	2	4	42	56	1	1	—	—	—	—	1	—	—	1	—	2
Cleft Palate	—	4	1	76	38	—	—	2	—	—	—	—	—	1	—	1	1
Dysphonia	—	5	3	70	88	—	—	—	2	—	—	—	—	2	1	3	—
Dysphasia	—	1	3	16	84	—	—	—	1	—	—	—	—	—	1	1	1
Dysarthria	—	2	4	14	68	—	—	—	—	—	1	—	—	—	3	2	—
Totals	5	93	65	2,122	1,447	7	3	18	12	5	4	5	2	11	15	47	29
		158		3,569													

Home visits—29.

(iii) CASES OF SPEECH DEFECT (PUPILS IN ORDINARY SCHOOLS) TREATED DURING YEAR ENDED 31ST JULY, 1959.

Details of Cases	Advice only	Cases Treated		Number of Treatments		DISCHARGED								Cases Remaining on Treatment	
						Satisfactory		Improved		Unsatisfactory		Failed to Co-operate		Transferred	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Stutter	28	139	34	1,706	491	40	8	19	4	2	—	12	—	7	3
Dyslalia—															
Multiple	34	250	119	2,930	1,387	100	46	9	3	—	—	7	2	6	3
Simple	8	68	39	931	390	50	27	1	3	1	—	—	1	2	—
Idioglossia	1	12	14	168	166	2	3	3	4	—	—	1	1	—	1
Delayed Speech	17	31	16	377	186	5	1	6	4	—	—	1	1	1	1
Cleft Palate	1	19	11	208	181	4	3	—	1	—	—	1	—	—	—
Dysphonia	1	11	11	81	106	3	3	—	—	—	—	—	—	—	1
Dysphasia	—	1	2	12	33	—	—	—	1	—	—	—	—	—	—
Dysarthria	—	4	—	59	—	1	—	—	—	—	—	—	—	—	—
Totals	90	535	246	6,472	2,940	205	91	38	20	3	—	22	5	16	9
			781		9,412									202	108

Home visits—255; school visits—718.

APPENDIX XII.—AUDIOMETRIC SURVEY.

This year the Survey has come entirely under the aegis of the School Health Service and the scheme re-organised ; but the aim is as before, to ascertain at an early age children with a hearing defect and to offer them medical and surgical treatment where necessary and educational guidance where required.

The Audiometric Unit is housed in the Florence Street school clinic premises and before commencing the year's work, structural alterations and improvements were made, resulting in the formation of a soundproof consulting room, testing rooms and soundproofed floors and corridors. The staff comprises a Consultant Aurist seconded by the Western Regional Hospital Board, an experienced School Medical Officer and three audiometricians (two of whom were newly appointed). The clerical work is partly centralised and one full-time clerkess is attached to the Unit.

The arrangements for " sweep " testing the children in school is as before, children of approximately 9 years of age being tested by audiometer set at a level of 10 decibels' intensity on five A.C. frequencies (250-4,500). The test is conducted by an audiometrician and any child who cannot hear two or more of the frequencies in either ear is noted. Formerly such " failures " were summoned for Threshold testing, but this year have been offered, in the first place, an ear, nose and throat examination, carried out in the local School Health Service clinic by the School Medical Officer specialising in this work. In consequence, causes of the hearing loss have been diagnosed and any necessary treatment suggested and carried out before Threshold tests are performed.

Following the ear, nose and throat examination, the children are summoned to the Audiometric Clinic at Florence Street where a full scale test by pure tone audiometer is given in a soundproof room, the child being tested on each of eight A.C. frequencies and a graph thus obtained of the child's Threshold of Hearing. The medical case records and audiograms are thereafter studied in correlation with school educational reports, where required, and grades are made according to the hearing in the better ear, as recommended in the Advisory Council Report. The School Medical Officer classifies these cases into "normal" or Grade I categories and all such children are given treatment where necessary to obviate the possibility of a child having a normal hearing ear and one with a defect—this point is emphasised as the arrangement

differs from that used in previous years. All children requiring attention are kept under observation and reviewed from time to time although this entails carrying one survey through the course of another. Cases previously classified as Grade II are referred for the Consultant Aurist's opinion and in many instances a decision as to grade is not made at the first interview, pending treatment such as antral lavage, provision of hearing aid, lip reading tuition, etc.

It may also be mentioned that during the course of the Survey in schools, children of a younger age group are sometimes presented for testing—the “ non-routine ” cases—at the request of teachers. In some of these cases the amount of hearing loss is considerable, requiring immediate attention and sometimes involving the provision of hearing aids. Such children have already lost much education and may well have suffered psychologically from being buffeted about in a hearing community where the defect has escaped attention. It is felt therefore, that the age of the survey group could profitably be lowered and from the experience of conducting the pilot scheme, of which details are given below, there should be little difficulty in dealing with a younger age group in bulk.

A summary of the work done, in connection with Survey No. X, throughout the year is as follows :—

Survey No. X (children born in 1949).

	Routine	Non-routine	Retest	Total
No. “ sweep ” tested in schools ...	14,957	360	—	15,317
No. failed in “ sweep ” test ...	1,592	137	—	1,729
No. examined by School Medical Officer	Routine + Non-routine			1,190
No. recommended for Threshold test by School Medical Officer ...	Routine + Non-routine			1,168
No. Threshold tested ...	936	88	59	1,083
No. of schools visited ...	—	—	—	143

Of the 1,083 given the pure-tone test at the Audiometric Clinic, 100 (55 boys and 45 girls) were referred to the Consulting Aurist, 338 (171 boys and 167 girls) were considered to have normal hearing, 457 (217 boys and 240 girls) were recorded as Grade I and, of the remainder, 12 (5 boys and 7 girls) were, at the end of the school year, awaiting

“ screening ” by the School Medical Officer and 176 (96 boys and 80 girls) had yet to be retested before being graded. The Consultant, in the same period, classified 73 of the cases referred, 69 (27 boys and 42 girls) as Grade I and 4 (2 boys and 2 girls) as Grade IIa.

A Pilot Scheme for testing 5 year-old children was put into operation towards the end of the School Session. The testing procedure in schools and in the clinic was found to be within the scope of the children and while a little more time was allowed per head, there was no difficulty in securing performance. The “ failures ” among “ sweep ” tested children were given an ear, nose and throat examination and some had the Threshold test. A summary of the results to hand by the end of the Session is given below.

Pilot Survey (five year-old children).

	Routine	Non-routine	Total
No. “ sweep ” tested in schools	188	11	199
No. failed in “ sweep ” test	57	2	59
No. recommended for Threshold test by School Medical Officer	35	2	37
No. Threshold tested	25	1	26
No. of schools visited	—	—	4

MEDICAL EXAMINATION RESULTS.

The table on page 111 shows the number of children summoned to clinic during the year for examination, the numbers who attended and a summary of the recommendations.

TREATMENT.

All cases recommended for clinic treatment were summoned to the local School Health Service clinic, given the prescribed treatment and subsequently referred back to the specialist. Operations and other forms of treatment and investigation were undertaken in conjunction with the various hospitals and special clinics—the results of some of these are given below.

Ear, Nose and Throat Operations. Over the period, 60 children (34 boys and 26 girls) had tonsils and/or adenoids removed in one or other of the hospitals.

Audiograms. Audiograms totalling 247 (in respect of 135 boys and 112 girls) were completed during the Session at Florence Street Audiometric Clinic.

Hearing Aids. Children to the number of 14 (5 boys and 9 girls) were referred during the year to the Hearing Aid Clinic and 13 (5 boys and 8 girls) were supplied with instruments.

DISPOSAL.

In the course of the Session a number of cases were passed to the Education Department (Special Schools Section) for disposal in respect of their educational needs, most of them having been graded according to the degree of hearing loss. These cases are listed in the following Table under the various Audiometric Surveys.

	Survey Number.							Total
	IV	V	VI	VII	VIII	IX	X	
Reason for disposal—								
Graded according to degree of hearing loss ...	—	7	25	22	28	60	54	196
Repeatedly failed to attend	—	1	—	—	1	6	7	15
Parent intimated private treatment being obtained	—	1	3	2	3	6	1	16
Over school age—referred to E.N. and T. Hospital ...	2	2	—	1	—	—	—	5
Transferred to other local authorities, institutions, etc.	—	—	1	—	—	1	—	2

DETAILS OF E.N.T. EXAMINATIONS DURING YEAR ENDED 31st JULY, 1959.

	Survey No. IV		Survey No. V		Survey No. VI		Survey No. VII		Survey No. VIII		Survey No. IX		Survey No. X		Pilot Scheme		Totals	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
SUMMONSES—																		
First Examination	—	—	—	—	—	—	—	—	—	—	10	6	937	941	29	32	976	979
Re-examination	1	—	13	16	49	26	53	34	76	76	119	94	84	85	—	—	395	331
...																		1,955
...																		726
ATTENDANCES—																		
First Examination	—	—	—	—	—	—	—	—	—	—	1	5	609	604	17	22	627	631
Re-examination	—	—	5	8	37	12	33	25	49	45	87	69	59	68	—	—	270	227
Not examined	—	—	—	—	—	—	—	1	—	1	3	—	14	12	—	—	17	14
...																		1,258
...																		497
...																		31
RECOMMENDATIONS—																		
Clinic treatment (Ear)	—	—	—	—	2	1	13	3	10	10	15	15	16	11	—	—	56	40
Clinic treatment and audiogram	—	—	—	—	—	—	—	—	—	—	—	—	113	121	1	—	114	121
Tonsils and adenoids operation	—	—	—	—	—	2	—	—	2	2	6	6	52	52	2	2	60	64
Audiogram	—	—	—	—	1	—	17	7	25	26	34	28	493	481	16	22	586	564
Specialist examination	—	—	—	—	—	—	—	—	2	1	9	7	12	10	—	—	23	18
X-ray examination	—	—	—	—	1	—	1	1	2	1	6	3	5	3	—	—	15	8
Hospital treatment	—	—	—	—	2	—	1	2	1	1	5	5	—	1	—	—	5	6
Hearing Aid	—	—	—	—	—	—	1	2	1	3	3	2	—	2	—	—	5	9
Front seat in class	—	—	—	—	—	—	1	3	2	2	4	4	3	5	—	—	10	14
Lip reading	—	—	—	—	—	—	1	3	1	—	6	1	2	3	—	—	10	7
Other recommendations	—	—	—	—	—	—	—	—	—	—	5	8	9	10	—	—	14	18
...																		32
...																		

APPENDIX XIII.—MORTALITY OF SCHOOL CHILDREN.

*Deaths During Year ended 31st July, 1959,
of Children Aged 5-15 Years.*

Cause of Death	5-10 years		10-15 years		All Ages		1959	1958	1957
	Boys	Girls	Boys	Girls	Boys	Girls	Totals	Totals	Totals
Tuberculosis—									
Respiratory ...	—	—	—	—	—	—	—	—	—
Meningeal ...	1	—	—	—	1	—	1	3	3
Abdominal ...	—	—	—	—	—	—	—	—	—
Others ...	—	—	—	—	—	—	—	—	—
Infectious Diseases—									
Diphtheria ...	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—
Measles ...	1	—	—	—	1	—	1	—	2
Dysentery ...	—	—	—	—	—	—	—	—	—
Chickenpox ...	—	—	—	—	—	—	—	—	—
Others ...	—	1	—	—	—	1	1	1	1
Mental and Nervous Diseases—									
Epilepsy ...	1	—	1	—	2	—	2	—	3
Cerebral Diplegia ...	1	—	—	—	1	—	1	3	—
Meningitis (non-Meningococcal) ...	—	—	—	—	—	—	—	—	—
Others ...	1	1	6	2	7	3	10	10	2
Circulatory Diseases—									
Rheumatic Fever ...	—	—	—	—	—	—	—	1	—
Chronic Rheumatic Heart Disease ...	—	—	—	1	—	1	1	1	—
Other Heart Diseases	—	—	—	—	—	—	—	—	—
Other Circulatory Diseases ...	—	1	—	—	—	1	1	—	—
Respiratory Diseases—									
Influenza ...	—	—	—	—	—	—	—	5	—
Pneumonia ...	—	—	1	3	1	3	4	1	—
Bronchitis ...	—	2	—	—	—	2	2	2	1
Others ...	—	1	—	—	—	1	1	—	1
Digestive Diseases—									
Enteritis and Colitis	—	—	—	—	—	—	—	—	—
Appendicitis ...	1	—	—	—	1	—	1	4	5
Others ...	—	—	3	—	3	—	3	—	1
Violence—									
Road Traffic Accidents ...	7	4	2	2	9	6	15	9	17
Other Violent Causes	8	4	5	—	13	4	17	17	25
Other Diseases—									
Malignant Neoplasms	4	2	2	—	6	2	8	8	9
Benign and Unspecified Neoplasms ...	—	1	2	1	2	2	4	2	3
Diabetes Mellitus ...	—	—	—	—	—	—	—	—	—
Anaemias ...	—	—	—	—	—	—	—	—	—
Congenital Malformations ...	1	—	2	2	3	2	5	6	3
Nephritis and Nephrosis ...	—	1	2	1	2	2	4	2	—
All Other Causes ...	1	1	1	—	2	1	3	3	5
Totals ...	27	19	27	12	54	31	85	78	81

APPENDIX XIV.—SOCIAL GROUP AND MEDICAL REMEDIABILITY CLASS.

By analysing the information obtained at systematic medical inspection it is possible to show the comparative health conditions of children belonging to each of the so-called Social Groups. In the following table, therefore, the occupations of the parents have been arranged in five groups and related to the medical remediability classifications of Table III.

Numbers and Percentages of Children in Ordinary Schools Placed in Various Medical ("Remediability") Classes Arranged According to Social Group of Parent.

Social Group of Parent	1		2		3		4		5		Totals	
	Professional		Clerical		Skilled		Semi-Skilled		Labouring			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
I Children free from defects (other than clothing, cleanliness or minor dental defects)	489	76.9	5,300	73.5	11,699	67.4	9,963	64.5	5,899	59.6	33,350	66.0
II Children suffering only from slightly defective vision and/or oral sepsis	31	4.9	343	4.8	941	5.4	905	5.9	647	6.5	2,867	5.7
III Children suffering from temporary defects (other than in II)	61	9.6	738	10.2	2,426	14.0	2,279	14.7	1,725	17.4	7,229	14.3
IV Children suffering from curable or improvable defects	54	8.5	831	11.5	2,252	13.0	2,287	14.8	1,612	16.3	7,036	13.9
V Children suffering from defects not considered improvable	1	0.0	2	0.0	28	0.2	20	0.1	12	0.1	63	0.1
Total Numbers of Children Examined	636	100.0	7,214	100.0	17,346	100.0	15,454	100.0	9,895	100.0	50,545	100.0

Perusal of the statistics in the table reveals the following :—

- (1) The percentage of children free from defects (Class I) was greatest for Social Group 1 (Professional) and diminished progressively for each of the remaining groups.
- (2) Percentages in Classes III and IV increased consistently from Social Group 1 to 5, and in Class II only the percentage for Social Group 2 upset the progression.

APPENDIX XV.—HISTORICAL NOTE.

The First Annual Report of the Chief Medical Officer to the School Board of Glasgow (the largest of the *ad hoc* education authorities in the Glasgow area at the time) stated that the staff appointed in October, 1909, comprised the chief medical officer, a half-time medical officer, twenty part-time medical officers (devoting three sessions of two-and-a-half hours each per week) and seven nurses, increased to eight in February, 1910. Routine medical inspection of school children commenced 8th November, 1909, all in the infant departments at least of the schools visited being subjected to a routine examination. Non-routine cases were also examined as required and the re-examination of abnormals was commenced a few months after the first inspection.

The nurses assisted the medical officers at routine inspection, taking the height and weight, examining clothing, etc., they also visited subsequently the homes of children found by the examining medical officers to have an ailment or defect. In addition, nurses visited the homes of under-fed or ill-clad children and their reports were forwarded to the Principal School Attendance Officer for the necessary action to be taken. The number of such cases visited by the end of June, 1910 was 1,078, comprising 278 classed as under-fed, 656 as ill-clad and 144 as both under-fed and ill-clad—included in the ill-clad group were 200 cases of “no boots.”

In addition to the results of inspection, the First Report gave particulars of the various forms used, the efforts to combat uncleanness including instructions issued to parents and the provision of spray baths in three schools. The Chief Medical Officer gave some of his time to the examination of special cases and mentally defective children, the latter with a view to their certification for admission to special schools. The First Report also gave special accounts of the medical inspection and other arrangements in respect of defective children—physically, mentally, semi-deaf and semi-mute—and a report (his fifth at that time) by the consulting oculist regarding the eyesight of school children.

The Chief Medical Officer stressed the need for treatment centres to be provided by the authority. School medical officers could only *recommend* treatment of those found with defects at routine inspection and one investigation revealed that at least 55 per cent. of the pupils noted as suffering from defects had not received *any* form of treatment.

Eventually authority was received and the first school clinics (in two centres) were opened in October, 1912, the following additional appointments being made—eight part-time dentists, three anaesthetists, three oculists, one aurist, one dermatologist and six nurses.

RESULTS OF MEDICAL INSPECTION.

In the Tables below, statistics showing the results of medical inspection in 1910 (or in 1911 if not previously available) are compared with those for the year 1959. Although the methods of recording have changed with the passing years (e.g. only the major defect under each of the listed headings is now noted for statistical purposes) the selected figures are fairly comparable.

TABLE A.
Average Heights and Weights.

	Year of Inspection	Height (inches)		Weight (lbs.)	
		Boys	Girls	Boys	Girls
Five year-olds 	1910	40·3	39·9	39·2	38·4
	1959	42·7	42·3	42·5	40·9
	Increase since 1910	2·4	2·4	3·3	2·5
Nine year-olds 	1910	45·2	44·7	48·4	47·5
	1959	51·7	51·2	63·7	62·3
	Increase since 1910	6·5	6·5	15·3	14·8
Thirteen year-olds 	1911	53·7	52·4	68·7	68·4
	1959	59·7	60·1	94·9	99·9
	Increase since 1911	6·0	7·7	26·2	31·5

TABLE. B

*List of Some Comparative Defects as Percentages
of Those Examined.*

					1910	1959
<i>Nutrition</i>						
Bad and very bad ...	...	...	...	...	3.8	0.0
<i>Rickets</i>						
					8.9	0.2
<i>Clothing</i>						
Insufficient ...	...	...	...	...	2.3	0.0
Ragged ...	...	...	...	...	3.9	0.0
Dirty ...	...	...	...	...	4.1	0.1
<i>Footgear</i>						
Unsatisfactory ...	...	...	...	...	4.5	0.1
None ...	...	...	...	...	7.6	0.0
<i>Uncleanliness</i>						
Head—nits ...	...	...	...	...	25.3	7.7
vermin ...	...	...	...	...	1.0	0.1
Body—dirty ...	...	...	...	...	2.5	0.1
vermin ...	...	...	...	...	3.2	0.0
<i>Skin</i>						
Head—impetigo ...	...	...	...	...	0.7	0.2
ringworm ...	...	...	...	...	0.5	0.0
Body—impetigo ...	...	...	...	...	0.6	0.1
ringworm ...	...	...	...	...	0.1	0.0
scabies ...	...	...	...	...	0.2	0.2
<i>Naso-pharyngeal</i>						
Nose—obstruction ...	...	...	...	...	2.6	1.1
catarrh ...	...	...	...	...	2.6	0.6
Throat—enlarged tonsils ...	...	...	...	...	22.5	6.7
Glands—enlarged ...	...	...	...	...	15.4	0.4
<i>External Eye</i>						
Blepharitis ...	...	...	...	...	2.2	1.1
Conjunctivitis ...	...	...	...	...	1.0	0.1
Squint ...	...	...	...	...	2.9	2.8
<i>Ears</i>						
Otorrhoea ...	...	...	...	...	1.9	0.5
<i>Defective Hearing</i>						
Slightly deaf ...	...	...	...	...	1.8	0.7
Deaf and very deaf ...	...	...	...	...	0.4	0.1
<i>Speech</i>						
Defective articulation ...	...	...	...	...	3.8	0.9
Stammering ...	...	...	...	...	0.4	0.2
<i>Mental Condition</i>						
Dull and very dull ...	...	...	...	...	8.4	0.3
<i>Lungs</i>						
Bronchitis ...	...	...	...	...	2.4	0.2
Suspected Tuberculosis ...	...	...	...	...	0.4	0.1
<i>Dental Disease</i>						
One to four teeth decayed ...	...	...	...	...	46.0	22.8
Five or more teeth decayed ...	...	...	...	...	37.1	3.8

SPECIAL SCHOOLS AND CLASSES.

In 1910 there were eleven Centres or schools with special facilities for receiving, feeding and educating physically defective children. Five of these Centres also had classes for mentally defective children and in ten other schools there were classes for mental defectives only. The numbers of children attending the Centres were 761 physically defective and 825 mentally defective but there was a considerable waiting list, particularly of physically defective children.

Physical Defectives. 58 per cent. of admissions suffered from rickets and 18 per cent. from non-pulmonary tuberculosis. Dinners were provided at a cost of 7½d. per week to parents who could pay. Cod liver oil and chemical food was also supplied and a nurse was in attendance at each Centre. Most of the rickets cases were admitted in the acute stage, some unable to stand and some having to be carried. The tubercular cases mainly consisted of affections of bones, joints and glands, and more especially spinal disease, and many had discharging sores.

Mental Defectives. Of the 302 children examined during 1910, 191 were certified mentally defective, 72 as of "doubtful mental defect," 24 as imbecile and 25 were considered not mentally defective but were very backward.

Semi-deaf and Semi-mute. Classes were provided in one school where 36 children were educated with the use of signs and finger spelling. Provision for after-care of deaf children was suggested.

REPORT ON EYESIGHT.

A scheme of inspection had been in operation since 1905, whereby a visiting oculist examined each child in the infant department once, and the teacher examined the child every second year and referred any below a certain standard of visual acuity to the oculist for investigation. Pupils in the other departments (boys and girls in alternate years) were tested by teachers and any failures referred to the oculist. In 1910, the oculist examined 18,080 infants, and issued cards to 1,380 (7·6 per cent.) advising parents to take children to hospital with a view to obtaining glasses. Teachers examined 28,811, of which number 9,919 were referred to the oculist who issued cards to 1,831 (6·4 per cent. of 28,811). It was suggested that the scheme could be improved by having an oculist follow up cases, after the annual visit of the visiting oculist, for the purpose of giving treatment and prescribing the required glasses, as parents, particularly in the poorer districts, were not co-operating sufficiently.

SUMMARY.

The physical condition of school children has vastly improved over the fifty years as demonstrated by the increased height and weight averages and the greatly diminished incidence of the more severe ailments recorded at systematic inspections in schools.

Educational provision for handicapped children has been greatly increased and the earliest possible ascertainment of defects is the present-day aim.

Treatment has assumed and maintained an important place in School Health Service work, the comprehensive facilities now available making it a valuable adjunct to the National Health Service with which it co-operates at all times. The emergence of medical auxiliaries in the post-war period for the treatment of school children is notable.

APPENDIX XVI.—*CO-OPERATION WITH TEACHERS AND PARENTS.*

The teaching staffs again gave their willing co-operation throughout the year, lending invaluable aid not only in connection with the usual work of medical supervision and treatment but in facilitating the operation of other schemes relating to the health and well-being of the pupils under their charge. Special reference may be made to the diphtheria immunisation campaign, the success of which was due largely to the zeal and enthusiasm of the teachers concerned by whose efforts the children were encouraged to participate in the scheme.

The over-all percentage (59.8) of parents' attendance was a slight improvement but gave no room for satisfaction.

The importance of having parents present at the medical examination of their children cannot be over-emphasized as it facilitates the work of the medical officer who is enabled to obtain at first hand particulars of the medical history and discuss with parents matters concerned with the health of their children.